

Minutes of the Meeting of the Board of Directors of the Cook County Health and Hospitals System (CCHHS) held Friday, January 25, 2019 at the hour of 9:00 A.M. at 1950 West Polk Street, in Conference Room 5301, Chicago, Illinois.

**I. Attendance/Call to Order**

Chair Hammock called the meeting to order.

Present: Chair M. Hill Hammock and Directors Hon. Dr. Dennis Deer, LCPC, CCFC; Mary Driscoll, RN, MPH; Ada Mary Gugenheim; Mike Koetting; David Ernesto Munar; Heather M. Prendergast, MD, MS, MPH; Robert G. Reiter, Jr.; Layla P. Suleiman Gonzalez, PhD, JD; and Sidney A. Thomas, MSW (10)

Telephonically

Present: Director Mary B. Richardson-Lowry (1)

Absent: None (0)

Director Gugenheim, seconded by Director Reiter, moved to allow Director Richardson-Lowry to telephonically participate in the meeting as a voting member. THE MOTION CARRIED UNANIMOUSLY.

Additional attendees and/or presenters were:

Hon. Luis Arroyo, Jr. – Cook County Commissioner  
Ekerete Akpan – Chief Financial Officer  
Paul Beddoe – PVBGA, LLC  
Letitia Close – Executive Director of Governmental Affairs  
Douglas Elwell – Deputy Chief Executive Officer, Finance and Strategy

Charles Jones – Chief Procurement Officer  
James Kiamos – Chief Executive Officer, CountyCare  
Jeff McCutchan –General Counsel  
Hon. Elaine Nekritz – Nekritz Amdor Consulting LLC  
Deborah Santana – Secretary to the Board  
John Jay Shannon, MD – Chief Executive Officer  
Ronald Wyatt, MD – Chief Quality Officer

**II. Employee Recognition**

Dr. John Jay Shannon, Chief Executive Officer, recognized employees for outstanding achievements. Details and further information is included in Attachment #5 - Report from the Chief Executive Officer.

**III. Public Speakers**

Chair Hammock asked the Secretary to call upon the registered public speakers.

The Secretary called upon the following registered public speaker:

1. George Blakemore                      Concerned Citizen

**IV. Election of Vice Chair**

Chair Hammock stated that this item will be deferred to next month's meeting.

**V. Board and Committee Reports**

**A. Minutes of the Board of Directors Meeting, December 21, 2018**

Director Thomas, seconded by Director Reiter, moved the approval of the Minutes of the Board of Directors Meeting of December 21, 2018. THE MOTION CARRIED UNANIMOUSLY.

**B. Human Resources Committee**

i. Metrics (Attachment #1)

Director Richardson-Lowry and Douglas Elwell, Deputy Chief Executive Officer of Finance and Strategy, provided an overview of the metrics. The Board reviewed and discussed the information.

During the discussion of the metrics, Director Deer inquired regarding the length of time it takes to onboard a new employee, from the time of application to when they actually begin working in the position. Mr. Elwell responded that he will provide that information.

**C. Managed Care Committee**

i. Metrics (Attachment #2)

Director Thomas and James Kiamos, Chief Executive Officer of CountyCare, provided an overview of the metrics. The Board reviewed and discussed the information.

**D. Finance Committee Meeting, January 18, 2019**

i. Metrics (Attachment #3)

ii. Meeting Minutes, which include the following action items and report:

- Contracts and Procurement Items (detail was provided as an attachment to this Agenda)

Director Reiter presented the Meeting Minutes for the Board's consideration. Ekerete Akpan, Chief Financial Officer, reviewed the Metrics, and Charles Jones, Chief Procurement Officer, provided a brief overview of the contractual requests that were considered at the Finance Committee Meeting. It was noted that there are four (4) requests pending review by Contract Compliance (request numbers 6, 11, 12 and 13).

During the discussion of the metrics, the Board discussed the challenges associated with filling Revenue Cycle vacancies, particularly with regard to attracting and retaining coders. Dr. Shannon suggested that perhaps this subject can be brought back for further discussion in the near future.

Director Reiter noted that he reiterated his request that the Finance Committee have a deep review of the pension obligation. Chair Hammock encouraged all Board Members to attend that review for the benefit of the deeper understanding of the subject.

Director Reiter, seconded by Director Deer, moved the approval of the Minutes of the Meeting of the Finance Committee of January 18, 2019. THE MOTION CARRIED UNANIMOUSLY.

**V. Board and Committee Reports (continued)**

**E. Quality and Patient Safety Committee Meeting, January 18, 2019**

- i. Metrics (Attachment #4)
- ii. Meeting Minutes, which included the following action items and report:
  - Medical Staff Appointments/Reappointments/Changes

Director Gugenheim and Dr. Ronald Wyatt, Chief Quality Officer, provided an overview of the metrics and meeting minutes.

During the discussion of the metrics, Director Driscoll requested information on the measures that are included in the composite on slide 9. Dr. Wyatt responded that he will provide that information.

Director Gugenheim, seconded by Director Driscoll, moved the approval of the Minutes of the Quality and Patient Safety Committee Meeting of January 18, 2019. THE MOTION CARRIED UNANIMOUSLY.

**VI. Action Items**

**A. Contracts and Procurement Items**

There were no contracts and procurement items presented directly for the Board's consideration.

**B. Any items listed under Sections IV, V, VI and X**

**VII. Report from Chair of the Board**

Chair Hammock called attention to the committee structures. Generally, there have been three (3) appointed members on the various committees; for quorum purposes, two (2) members are required to be physically present in the room. Now that there is a full complement of Directors, many of the committees now have four (4) members, which requires three (3) Directors for a quorum. He emphasized the importance of attendance at the meetings, and noted that this Board has a very good attendance record. He reminded the Directors to let the Secretary know in advance if they are going to be absent, as that helps in terms of managing the quorum.

**VIII. Report from Chief Executive Officer (Attachment #5)**

Dr. Shannon provided an update on several subjects; detail is included in Attachment #5.

**IX. Recommendations, Discussion / Information Items**

**A. Strategic planning discussion: State and Federal Issues (Attachment #6)**

The following individuals provided an overview of the strategic planning discussion presentation on State and Federal Issues: Letitia Close, Executive Director of Governmental Affairs; Paul Beddoe, of PVBGA, LLC; and Elaine Nekritz, of Nekritz Amdor Consulting LLC.

## **IX. Recommendations, Discussion / Information Items**

### **A. Strategic planning discussion: State and Federal Issues (continued)**

The presentation included information on the following subjects:

- Impact 2020 Recap – Status and Results
- FY2020-2022 – The Future: Environmental Scan of Market, Best Practices and Trends
- Key 2019 Dates – Federal, State and Local
- Strengths, Weaknesses, Opportunities and Threats (SWOT) Analysis – Federal and State
- Impact Social Determinants / Advocate for Patients – FY2020-2022 Strategic Planning Recommendations

Following the discussion of the information, Chair Hammock noted Ms. Nekritz' vast experience in public pension programs, as she was formerly a State Representative for the State of Illinois for many years. He recommended that, as mentioned earlier, when the Finance Committee convenes to have a deep review of its pension obligations, that Ms. Nekritz be invited to attend to contribute to the discussion.

## **X. Closed Meeting Items**

### **A. Claims and Litigation**

### **B. Discussion of personnel matters**

### **C. Execute amendment to Executive Employment Agreement**

Director Gugenheim, seconded by Director Reiter, moved to recess the open meeting and convene into a closed meeting, pursuant to the following exceptions to the Illinois Open Meetings Act: 5 ILCS 120/2(c)(1), regarding "the appointment, employment, compensation, discipline, performance, or dismissal of specific employees of the public body or legal counsel for the public body, including hearing testimony on a complaint lodged against an employee of the public body or against legal counsel for the public body to determine its validity," 5 ILCS 120/2(c)(11), regarding "litigation, when an action against, affecting or on behalf of the particular body has been filed and is pending before a court or administrative tribunal, or when the public body finds that an action is probable or imminent, in which case the basis for the finding shall be recorded and entered into the minutes of the closed meeting," 5 ILCS 120/2(c)(12), regarding "the establishment of reserves or settlement of claims as provided in the Local Governmental and Governmental Employees Tort Immunity Act, if otherwise the disposition of a claim or potential claim might be prejudiced, or the review or discussion of claims, loss or risk management information, records, data, advice or communications from or with respect to any insurer of the public body or any intergovernmental risk management association or self insurance pool of which the public body is a member," and 5 ILCS 120/2(c)(17), regarding "the recruitment, credentialing, discipline or formal peer review of physicians or other health care professionals, or for the discussion of matters protected under the federal Patient Safety and Quality Improvement Act of 2005, and the regulations promulgated thereunder, including 42 C.F.R. Part 3 (73 FR 70732), or the federal Health Insurance Portability and Accountability Act of 1996, and the regulations promulgated thereunder, including 45 C.F.R. Parts 160, 162, and 164, by a hospital, or other institution providing medical care, that is operated by the public body."

**X. Closed Meeting Items (continued)**

On the motion to recess the open meeting and convene into a closed meeting, a roll call was taken, the votes of yeas and nays being as follows:

Yeas: Chair Hammock and Directors Deer, Driscoll, Gugenheim, Koetting, Munar, Prendergast, Reiter, Richardson-Lowry, Suleiman Gonzalez and Thomas (11)

Nays: None (0)

Absent: None (0)

THE MOTION CARRIED UNANIMOUSLY and the Board convened into a closed meeting.

Chair Hammock declared that the closed meeting was adjourned. The Board reconvened into the open meeting.

Director Gugenheim, seconded by Director Thomas, moved to approve the request to execute an amendment to the Executive Employment Agreement. THE MOTION CARRIED UNANIMOUSLY.

**XI. Adjourn**

As the agenda was exhausted, Chair Hammock declared that the meeting was ADJOURNED.

Respectfully submitted,  
Board of Directors of the  
Cook County Health and Hospitals System

XXXXXXXXXXXXXXXXXXXXXXXXXXXX  
M. Hill Hammock, Chair

Attest:

XXXXXXXXXXXXXXXXXXXXXXXXXXXX  
Deborah Santana, Secretary

**Requests/Follow-up:**

Request: A request was made for information on the length of time it takes to onboard a new employee, from the time of application to when they actually begin working in the position. Page 2

Follow-up: A suggestion was made to have a discussion in the near future on the subject of attracting and retaining coders. Page 2

Request: A request was made for information on the measures included in the composite on slide 9 of the Quality and Patient Safety Committee metrics. Page 3

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ATTACHMENT #1

# Human Resources Metric

## CCH Board of Directors

Barbara Pryor  
Chief Human Resources Officer

January 25, 2019





# Quarterly Metrics

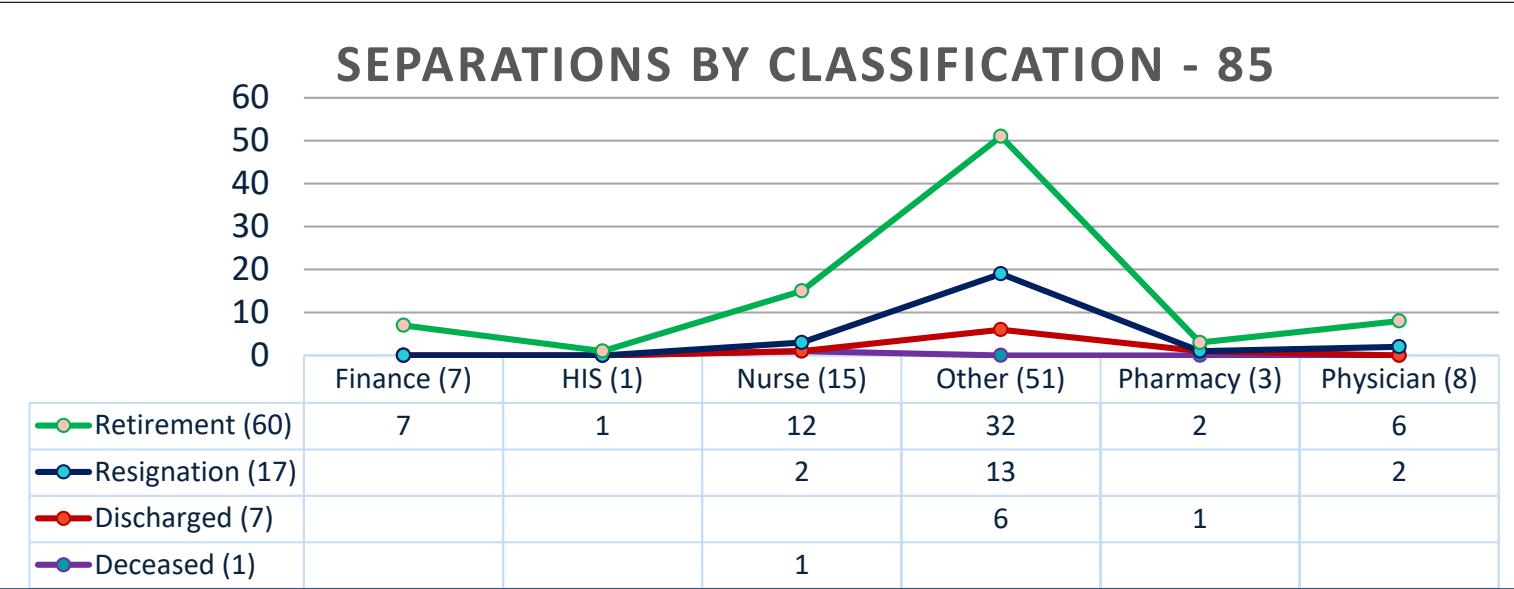
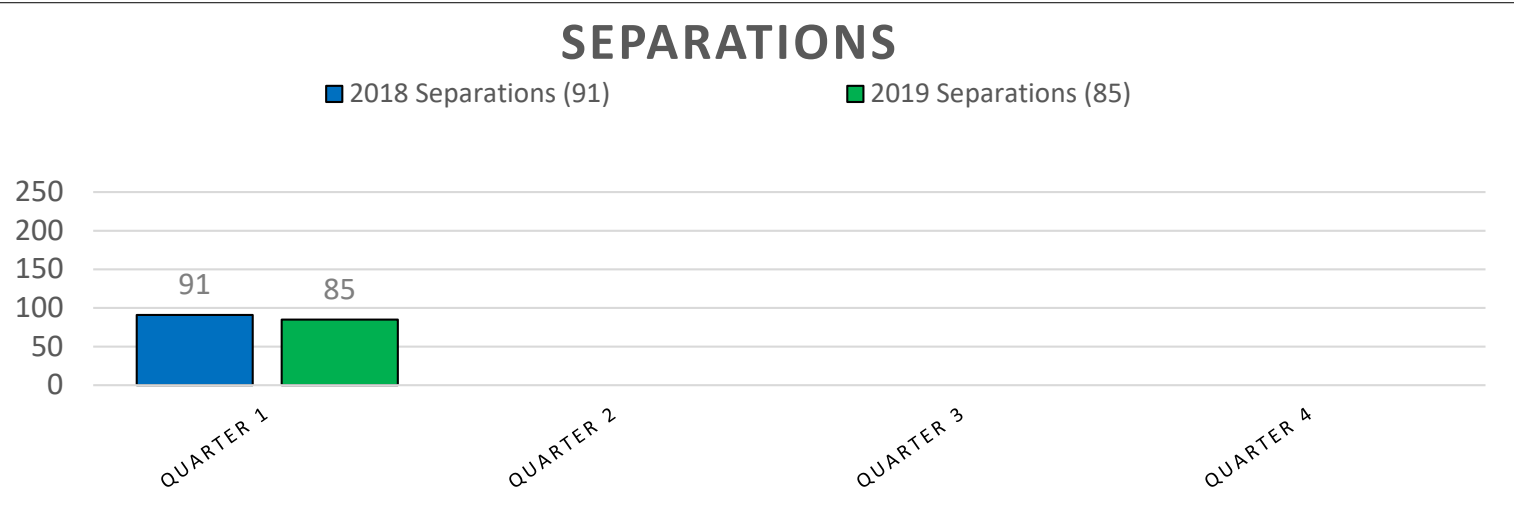
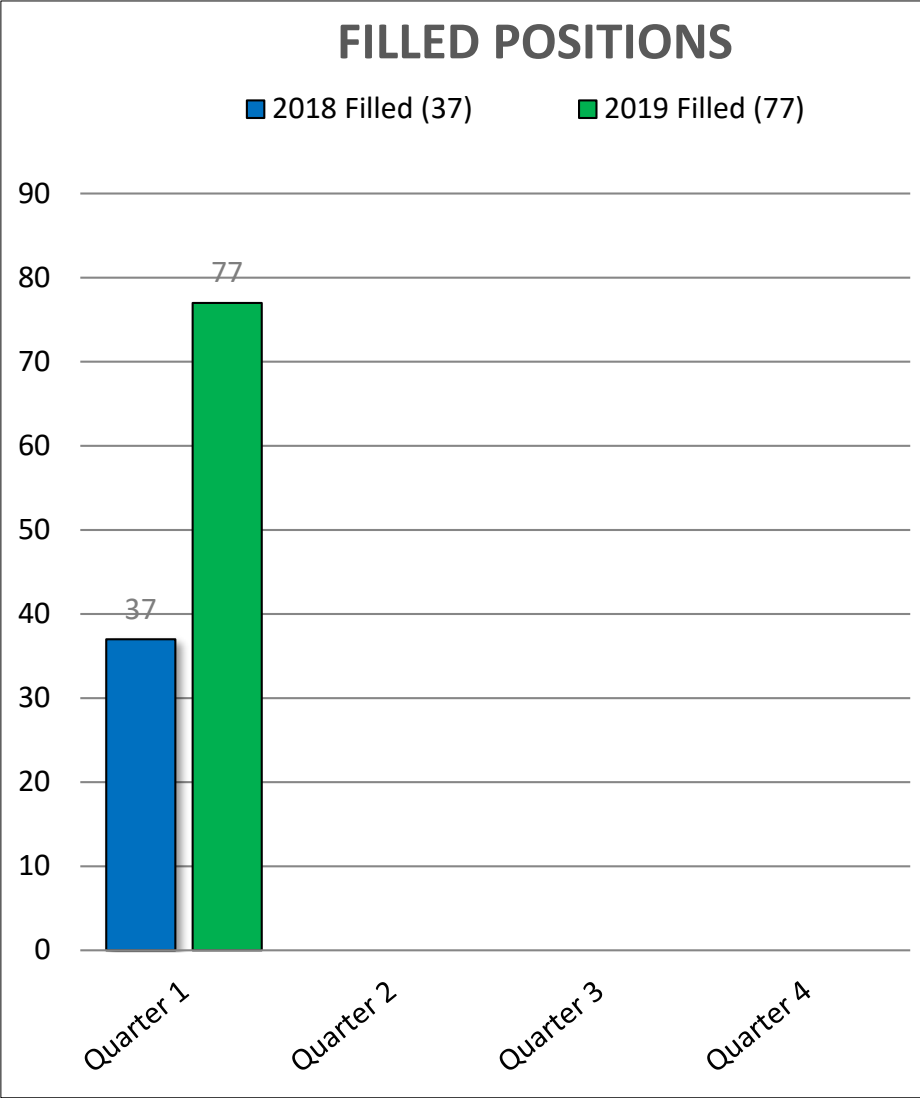


COOK COUNTY  
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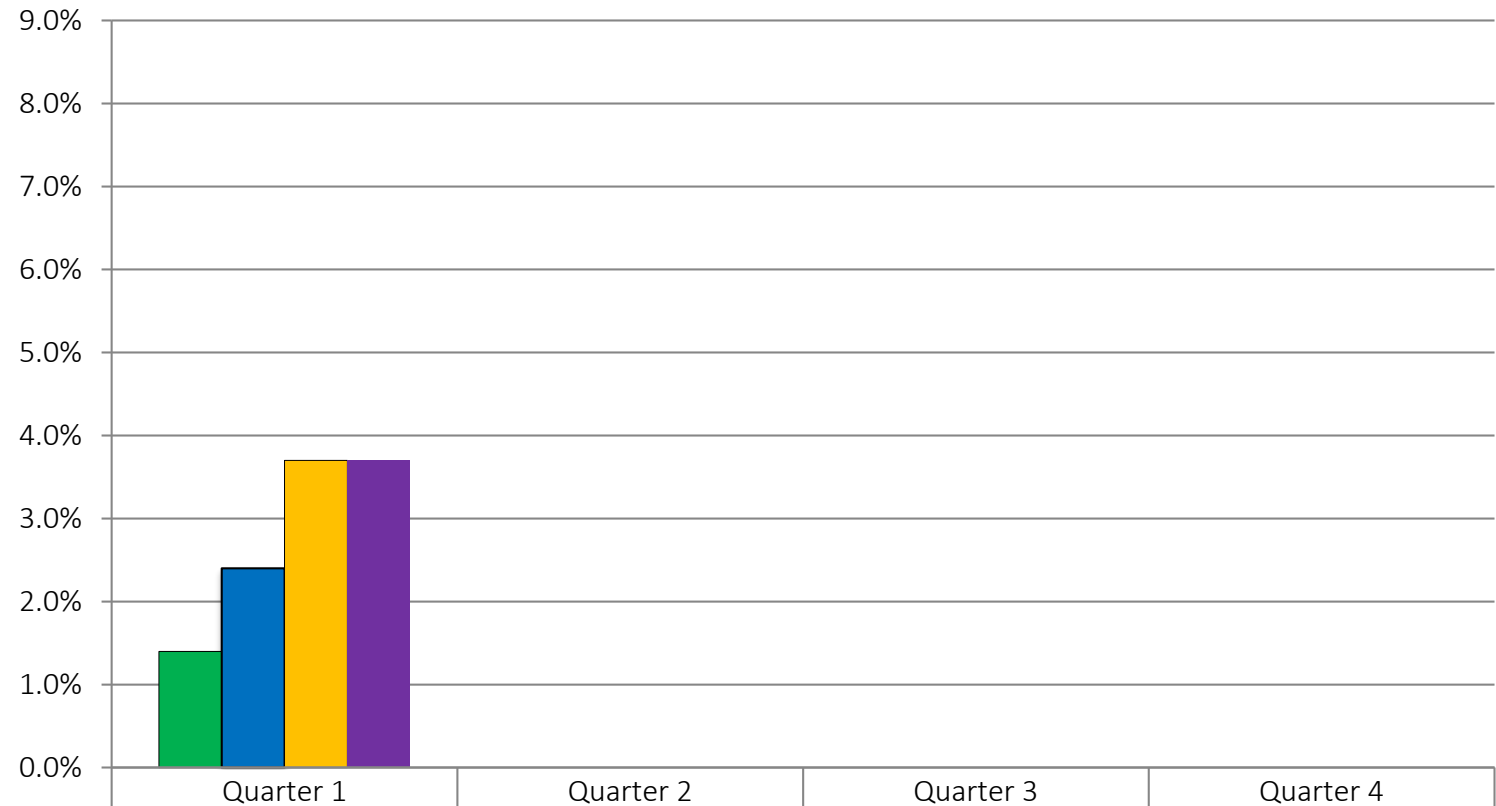
# CCH HR Activity Report- Open Vacancies

## Thru 12/31/2018



# CCH HR Activity Report- Turnover

**CCH TURNOVER**  
**Turnover Year-to-Date**  
 Head Count: 6,246

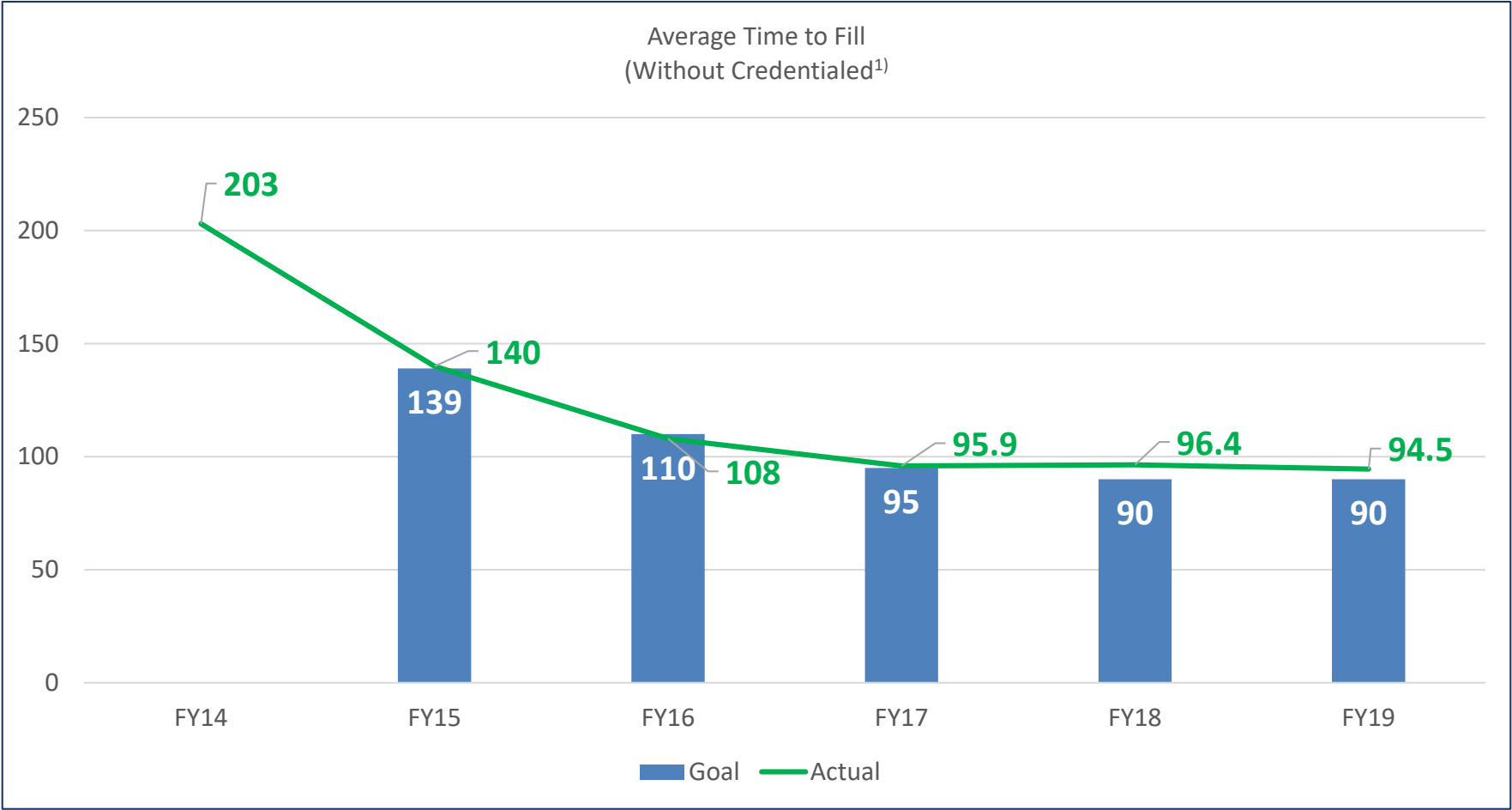


YTD Cumulative Totals:

FY19 CCHHS Turnover	1.4%			
FY18 CCHHS Turnover	2.4%			
FY17 U.S. IL Health & Hospital Assoc. Turnover Data	3.7%			
FY18 U.S. Dept. of Labor Turnover Data	3.7%			

# CCH HR Activity Report- Open Vacancies

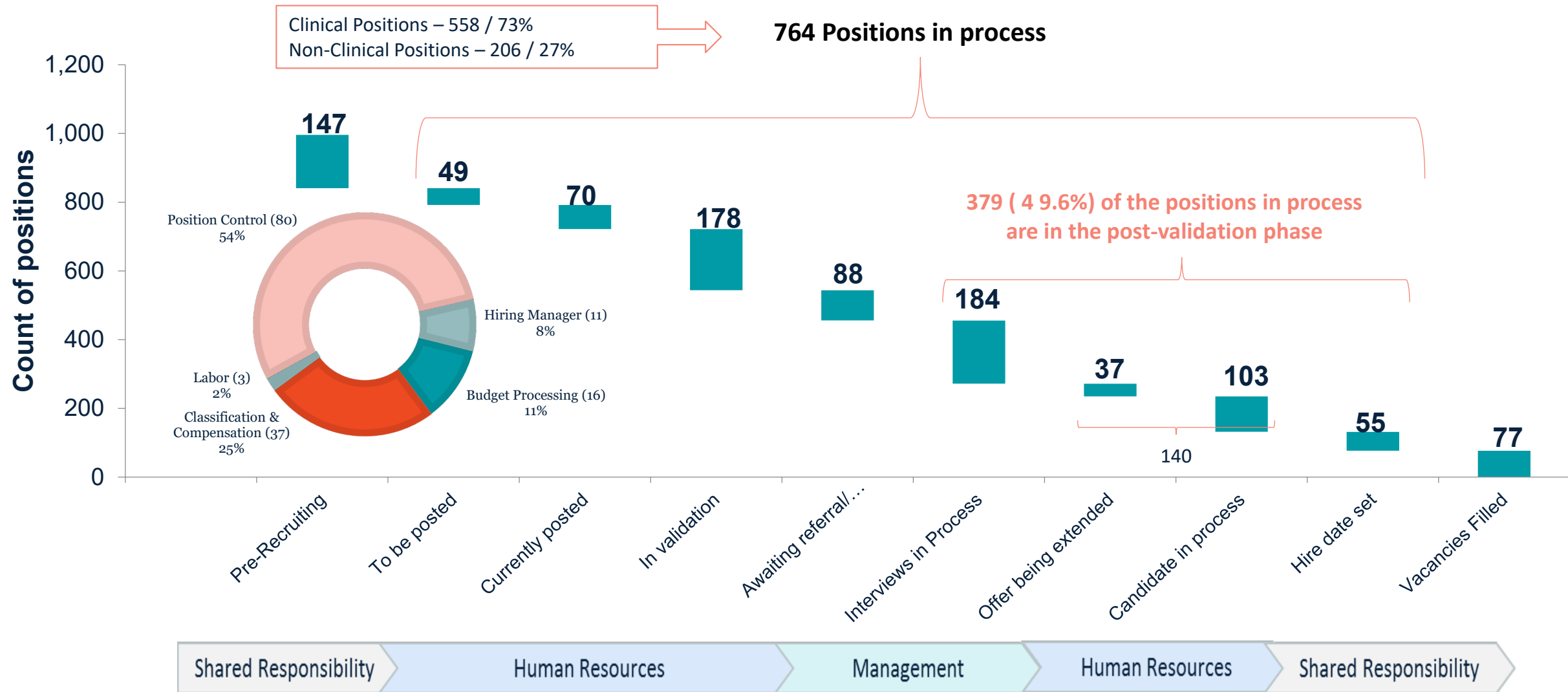
Improve/Reduce Average Time to Hire\*



<sup>1</sup>Credentialed Positions: Physicians, Psychologist, Physician Assistant I and Advanced Practice Nurses.

# CCH HR Activity Report- Hiring Snapshot

Thru 12/31/2018



**COOK COUNTY  
HEALTH**

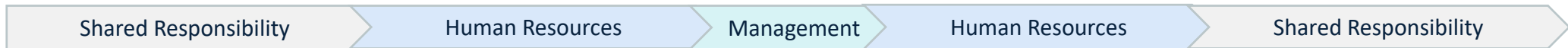
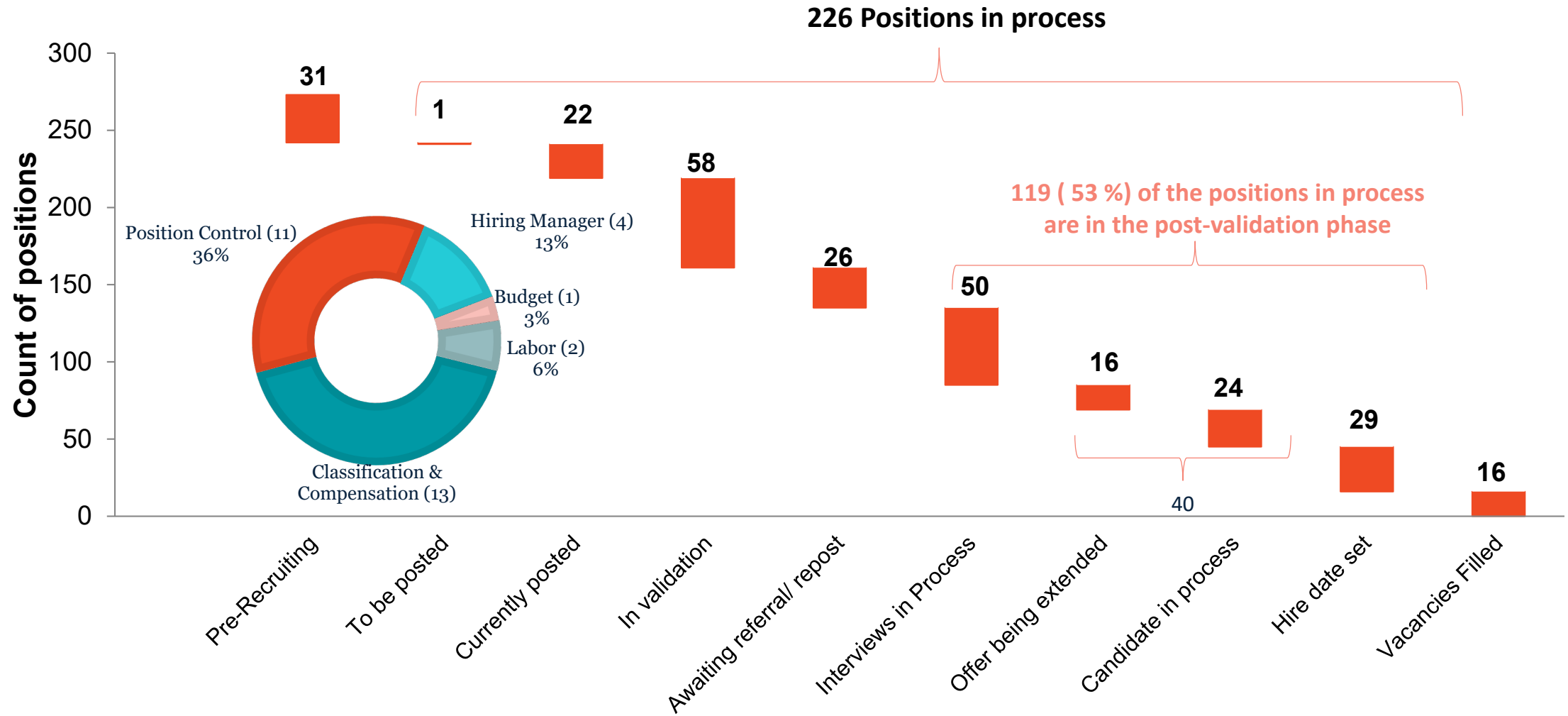
CCH Board of Directors | 01/25/2019

# Appendix



# CCH HR Activity Report- Nursing Hiring Snapshot

Thru 12/31/2018



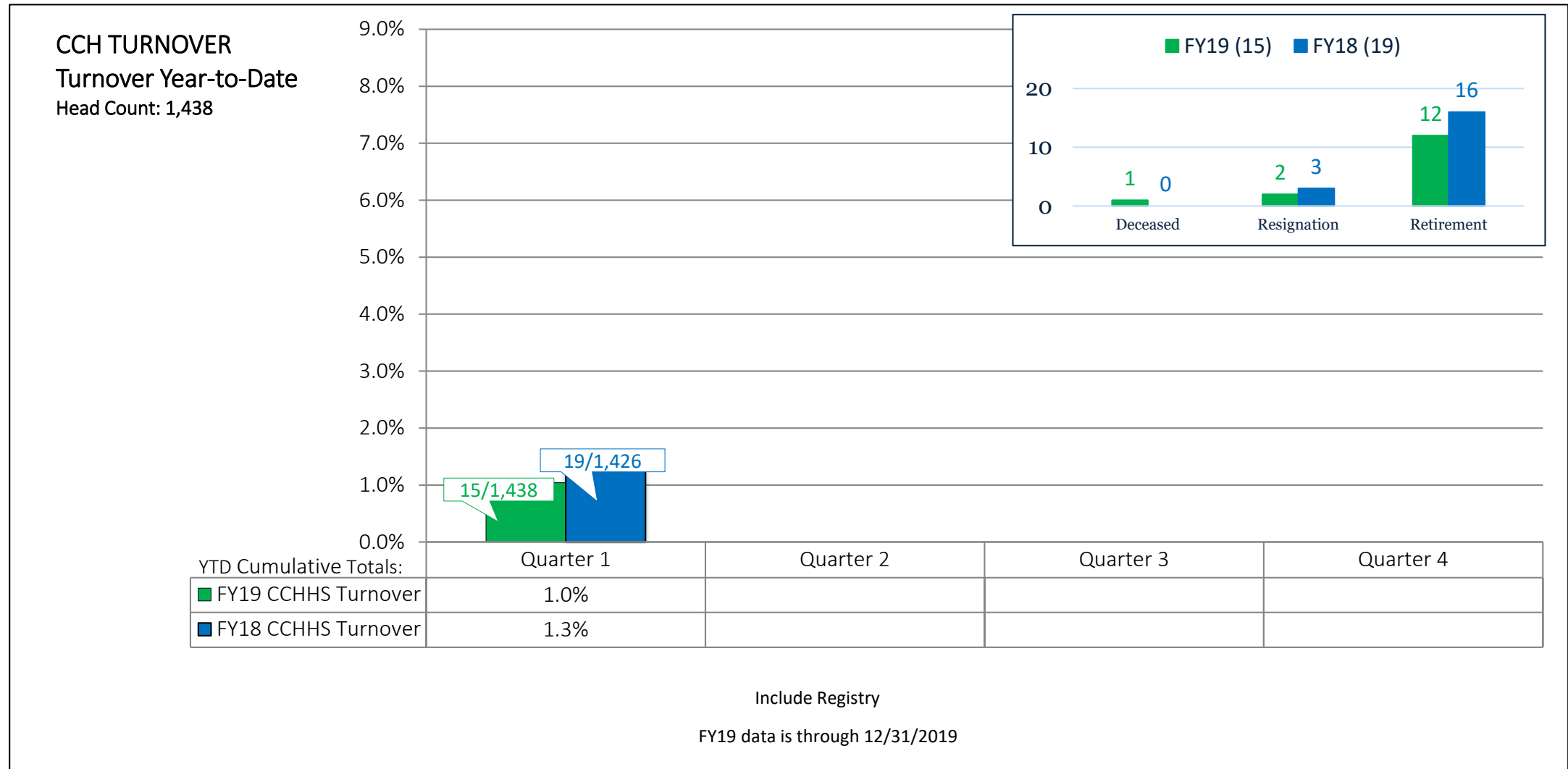
**COOK COUNTY  
HEALTH**

CCH Board of Directors | 01/25/2019

**257 Vacant positions**

This number include only those positions in which Human Resources have received Request to Hires.

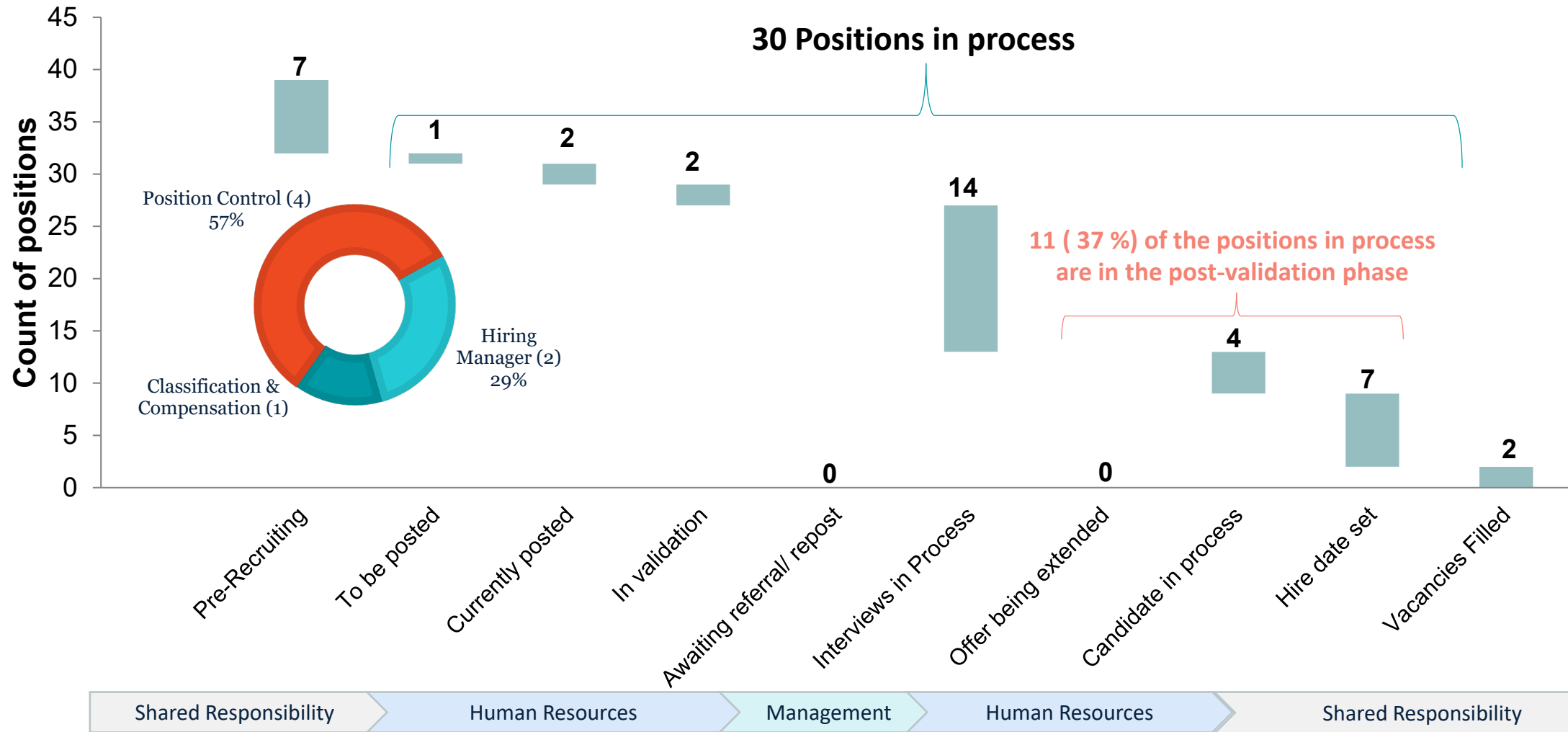
# Nursing Activity Report Turnover





# CCH HR Activity Report- Finance Hiring Snapshot

Thru 12/31/ 2018



Cook County Health and Hospitals System  
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ATTACHMENT #2

# CountyCare Metrics

*Prepared for: Cook County Health Board of Directors*

James Kiamos

Chief Executive Officer, CountyCare

January 25, 2019



# Current Membership

Monthly membership as of January 7, 2019

Category	Total Members	ACHN Members	% ACHN
FHP	217,421	23,393	10.8%
ACA	73,518	15,454	21.0%
ICP	29,657	6,599	22.3%
MLTSS	5,430	0	N/A
<b>Total</b>	<b>326,026</b>	<b>45,446</b>	<b>13.9%</b>

ACA: Affordable Care Act  
FHP: Family Health Plan

ICP: Integrated Care Program  
MLTSS: Medicaid Long-Term Service and Support



# Managed Medicaid Market

Illinois Department of Healthcare and Family Services November 2018 Data

Managed Care Organization	Cook County Enrollment	Cook County Market Share	State Total Enrollment
*CountyCare	333,488	31.7%	333,488
Blue Cross Blue Shield	241,346	22.9%	393,554
Meridian (a WellCare Co.)	248,562	23.6%	847,368
IlliniCare	109,239	10.4%	347,149
Molina	70,025	6.6%	221,202
*Next Level	50,472	4.8%	50,472
<b>Total</b>	<b>1,053,132</b>	<b>100.0%</b>	<b>2,193,233</b>

\* Only Operating in Cook County



# 2018 Operations Metrics: Call Center & Encounter Rate

Key Metrics	State Goal	Performance		
		Sep	Oct	Nov
Member & Provider Services Call Center Metrics				
Abandonment Rate	< 5%	0.49%	0.79%	0.39%
Hold Time (minutes)	1:00	0:04	0:06	0:05
% Calls Answered < 30 seconds	> 80%	97.21%	95.39%	95.22%
Claims/Encounters Acceptance Rate	95%	97.87%	95.74%	95.74%



# 2018 Operations Metrics: Claims Payment

Key Metrics		State Goal	Performance		
			Sep	Oct	Nov
Claims Payment Turnaround Time & Volumes					
% of Clean Claims Adjudicated < 30 days		90%	94.0%	94.2%	95.6%
% of Claims Paid < 30 days		90%	79.2%	35.2%	62.5%
Total Claims Adjudicated		N/A	414,549	397,673	452,893





# 2018 Operations Metrics:

## Overall Care Management Performance

Key Metrics	Market %	Performance		
		Sep	Oct	Nov
Completed HRS/HRA (all populations)				
Overall Performance	40%	52.7%	53.4%	57.0%
Completed Care Plans on High Risk Members				
Overall Performance	65%	68.6%	69.7%	64.7%

- CountyCare's high risk percentage exceeds the State's requirement of 2% for Family Health Plan and 5% for Integrated Care Program.



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ATTACHMENT #3

# CCH Board Meeting January 2019

Ekerete Akpan  
CFO





# Systemwide Observations and Revenue Cycle Metrics



COOK COUNTY  
**HEALTH**

# Observations

Operating Margin challenging to FY2018 targets but drivers to watch vs. same time FY17 include

- Primary Care visits are flat while Specialty Care visits are up 8%
- Surgical Cases up 4% and slightly below FY2018 Target
- Inpatient Discharges down 12% and LOS 7% higher
- Emergency Department visits are flat
- Deliveries down 16%
- System-wide uninsured numbers, captured by visit held 42% (Provident 34%, ACHN 42%, Stroger 44%)
- System wide Revenue Cycle ratios challenging in Dec-2018 (note this is FY-2019) and FY2018 progress will be sustained



# Revenue Cycle Metrics

Metric	Average FYTD 2017	Average FYTD 2018	Average FYTD 2019	Dec-18	Benchmark /Target
Average Days in Accounts Receivable <i>(lower is better)</i>	110	106	99	99	45.85 – 54.9*
Discharged Not Finally Billed Days <i>(lower is better)</i>	11.6	7.9	9.9	9.9	7.0
Claims Initial Denials Percentage <i>(lower is better)</i>	N/A	27%	22%	22%	20%

**Definitions:**

**Average Days in Accounts Receivable** Total accounts receivable over average daily revenue

**Discharged Not Finally Billed Days** Total charges of discharge not finally billed over average daily revenue

**Claims Initial Denials Percentage** Percentage of claims denied initially compared to total claims submitted.

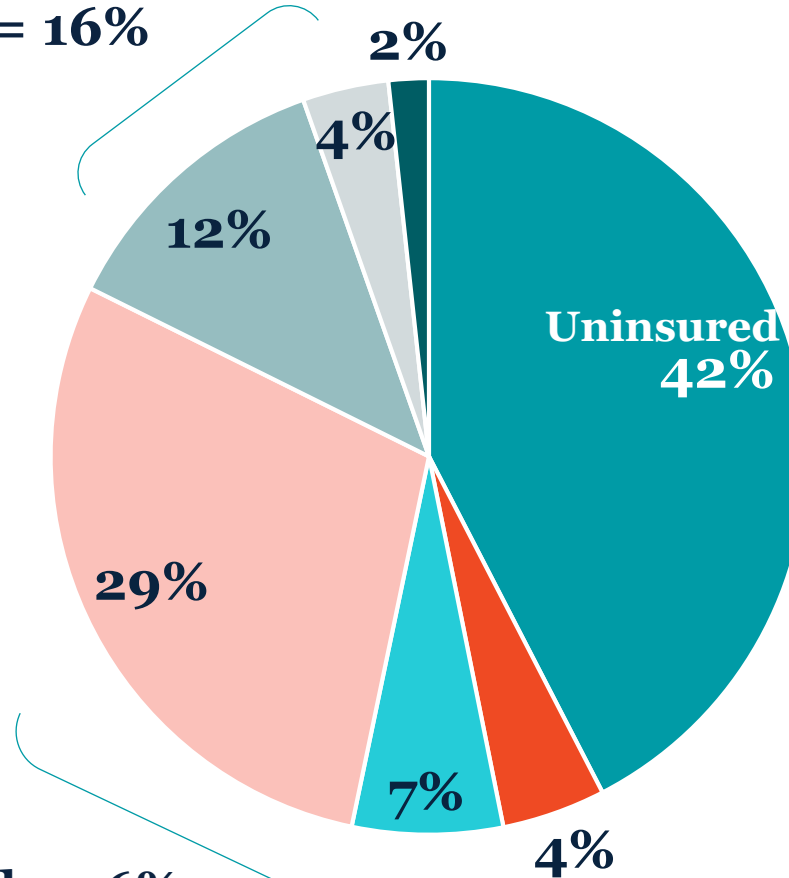
\* Source HFMA Key Hospital Statistics and Ratio Margins, 2014



# System Payor Mix By Visit

All Medicare = 16%

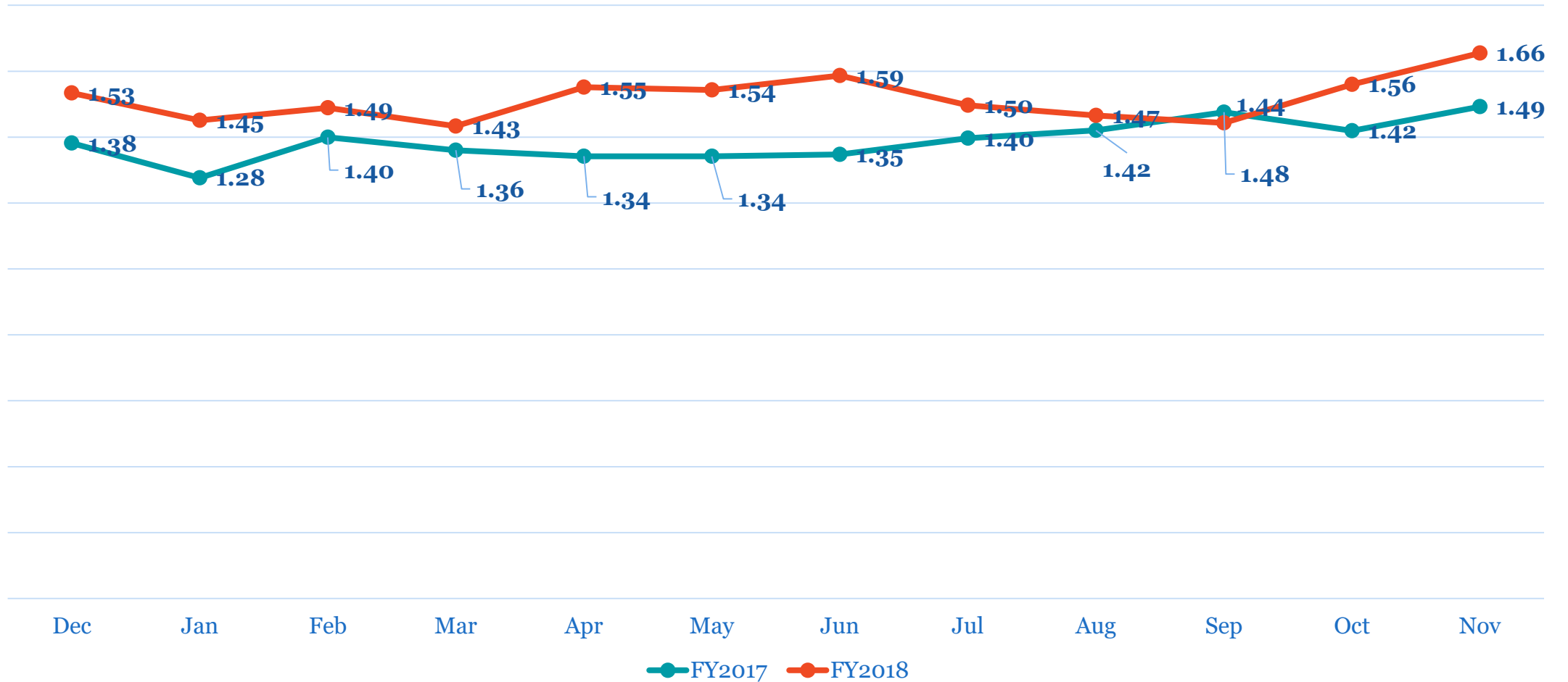
All Medicaid = 36%



- Uninsured
- Commercially Insured
- Medicaid
- Medicaid Managed Care
- Medicare
- Medicare Managed Care
- Other



# Case Mix Index



# Questions?



COOK COUNTY  
**HEALTH**

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ATTACHMENT #4

# QPS Quality Dashboard



January 25, 2019

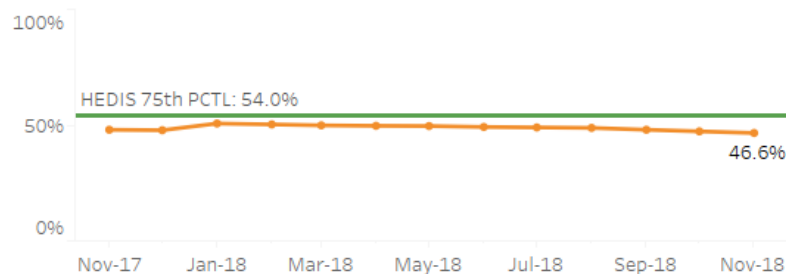




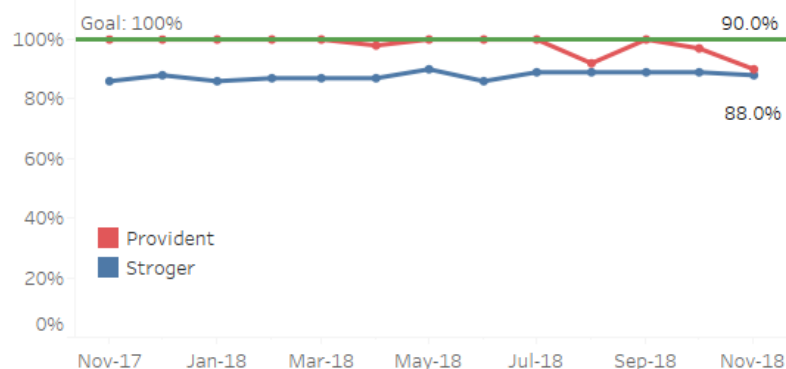


## Health Outcomes

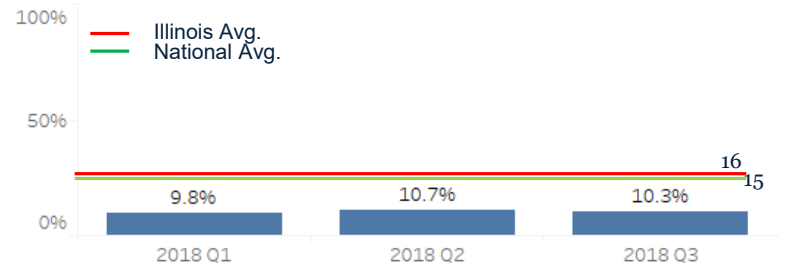
### HEDIS - Diabetes Management: HbA1c < 8%



### Core Measure - Venous Thromboembolism (VTE) Prevention

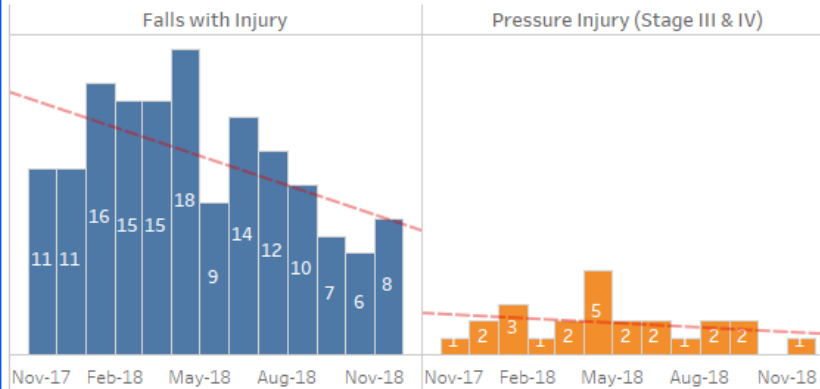


### 30 Day Readmission Rate

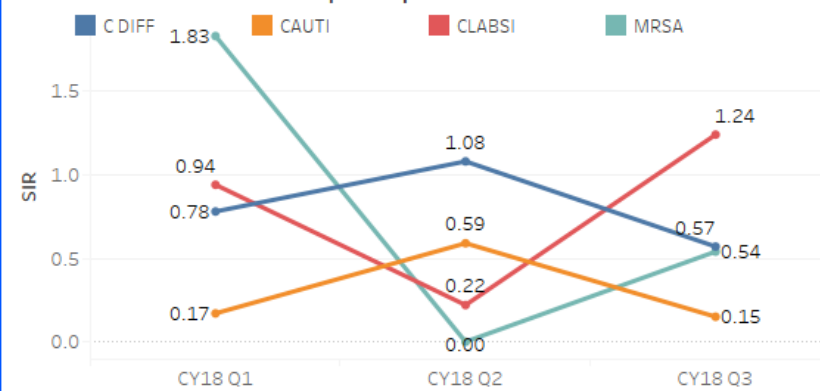


## Patient Safety

### Hospital Acquired Conditions



### Hospital Acquired Infections

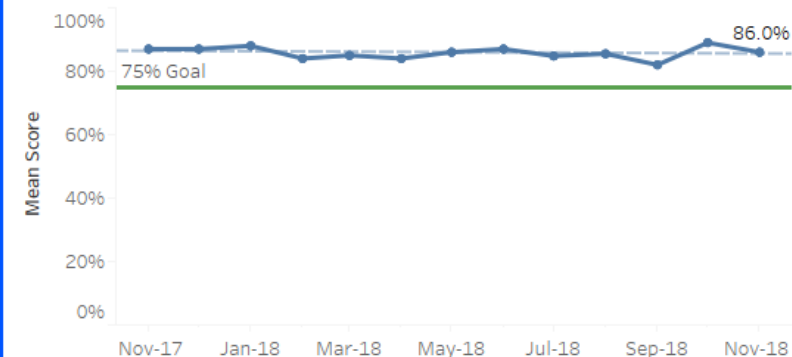


SIR (Standardized Infection Ratio) is a summary measure which compares the actual number of Healthcare Associated Infections (HAI) in a facility with the baseline data for standard population. SIR > 1.0 indicates more HAIs were observed than predicted, conversely SIR of < 1.0 indicates that fewer HAIs were observed than predicted.

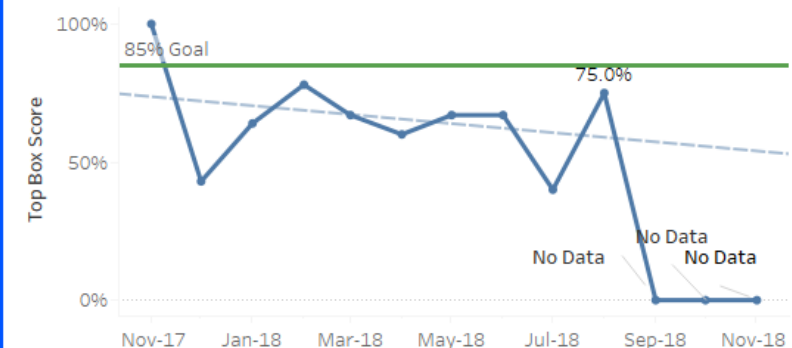
	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18
C DIFF	6	5	2	6	11	4	5	4	2	10	4
CAUTI	0	0	1	1	2	1	0	1	0	0	1
CLABSI	2	1	1	0	1	0	2	3	0	0	0
MRSA	2	0	1	0	0	0	0	1	0	0	1

## Utilization

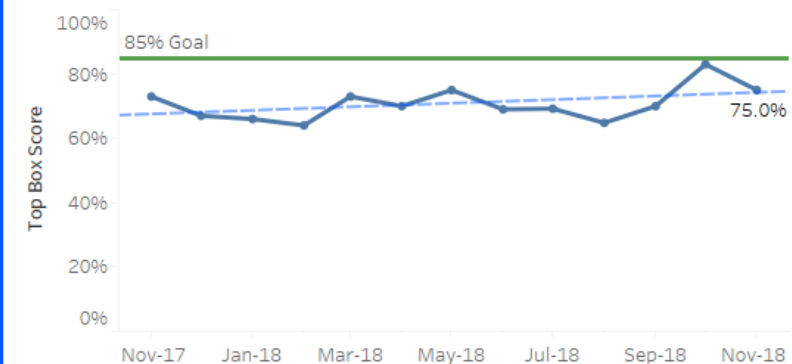
### CCHC--Overall Clinic Assessment



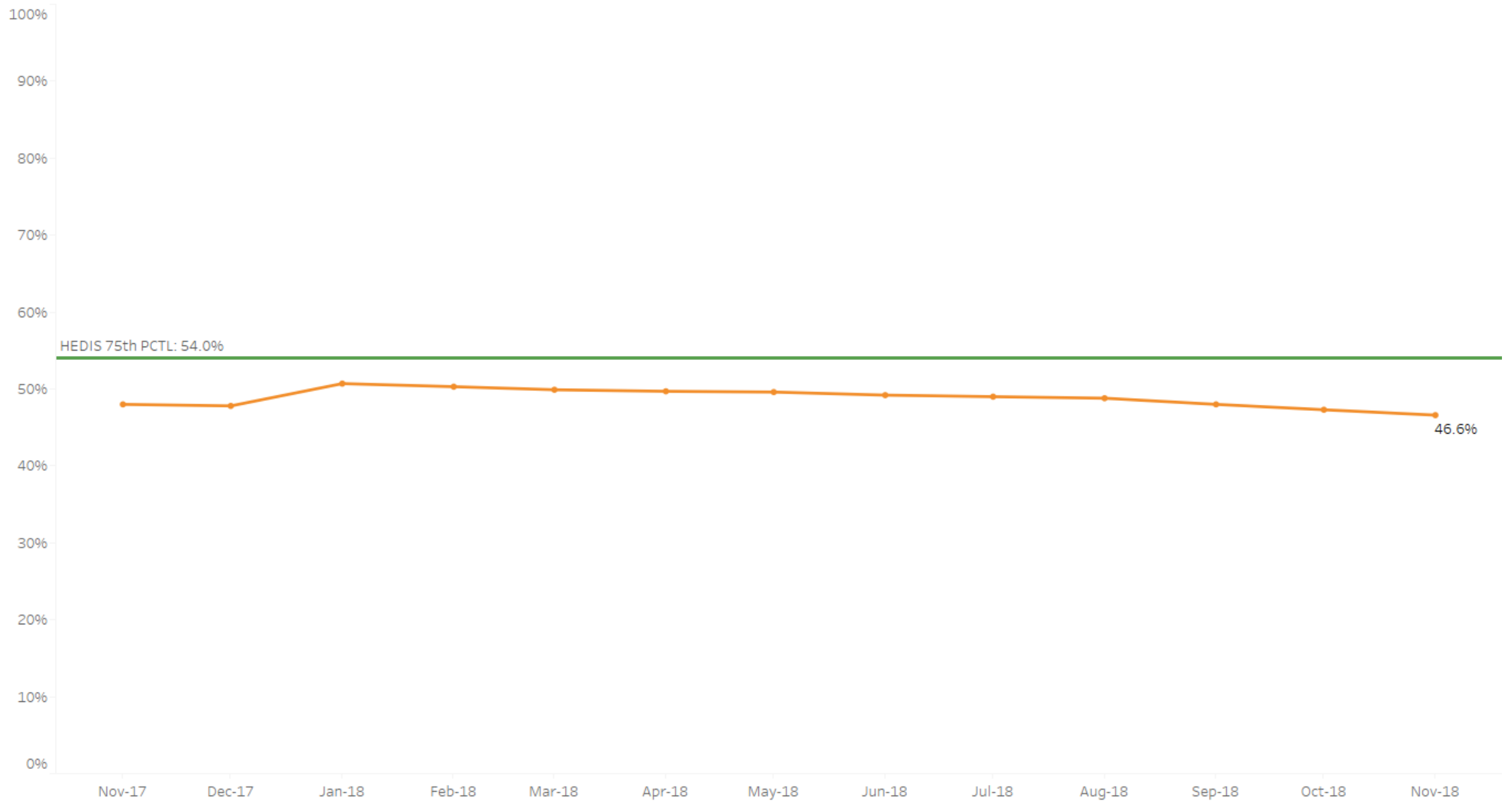
### Provident--Willingness to Recommend Hospital



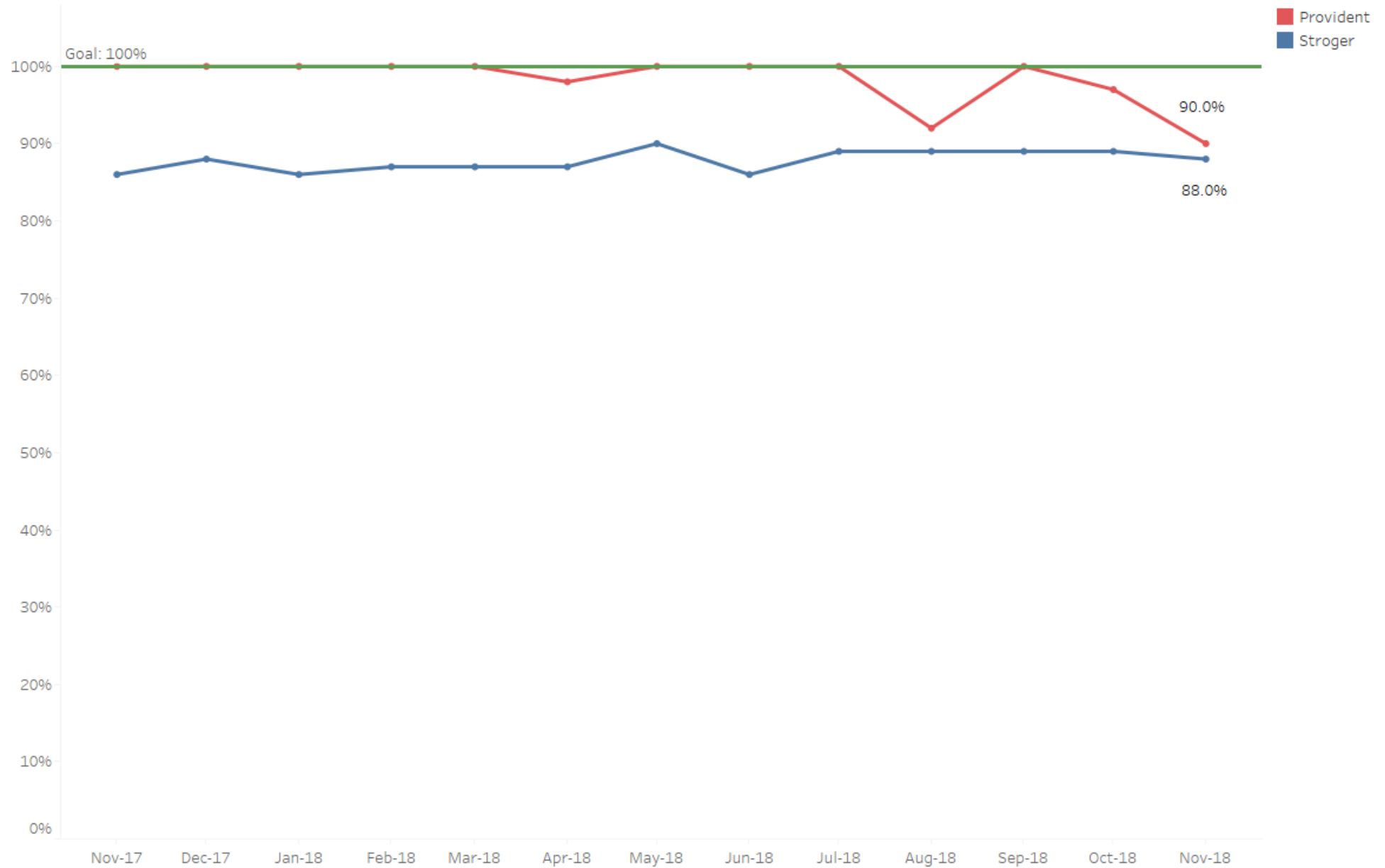
### Stroger--Willingness to Recommend Hospital



# HEDIS - Diabetes Management: HbA1c < 8%

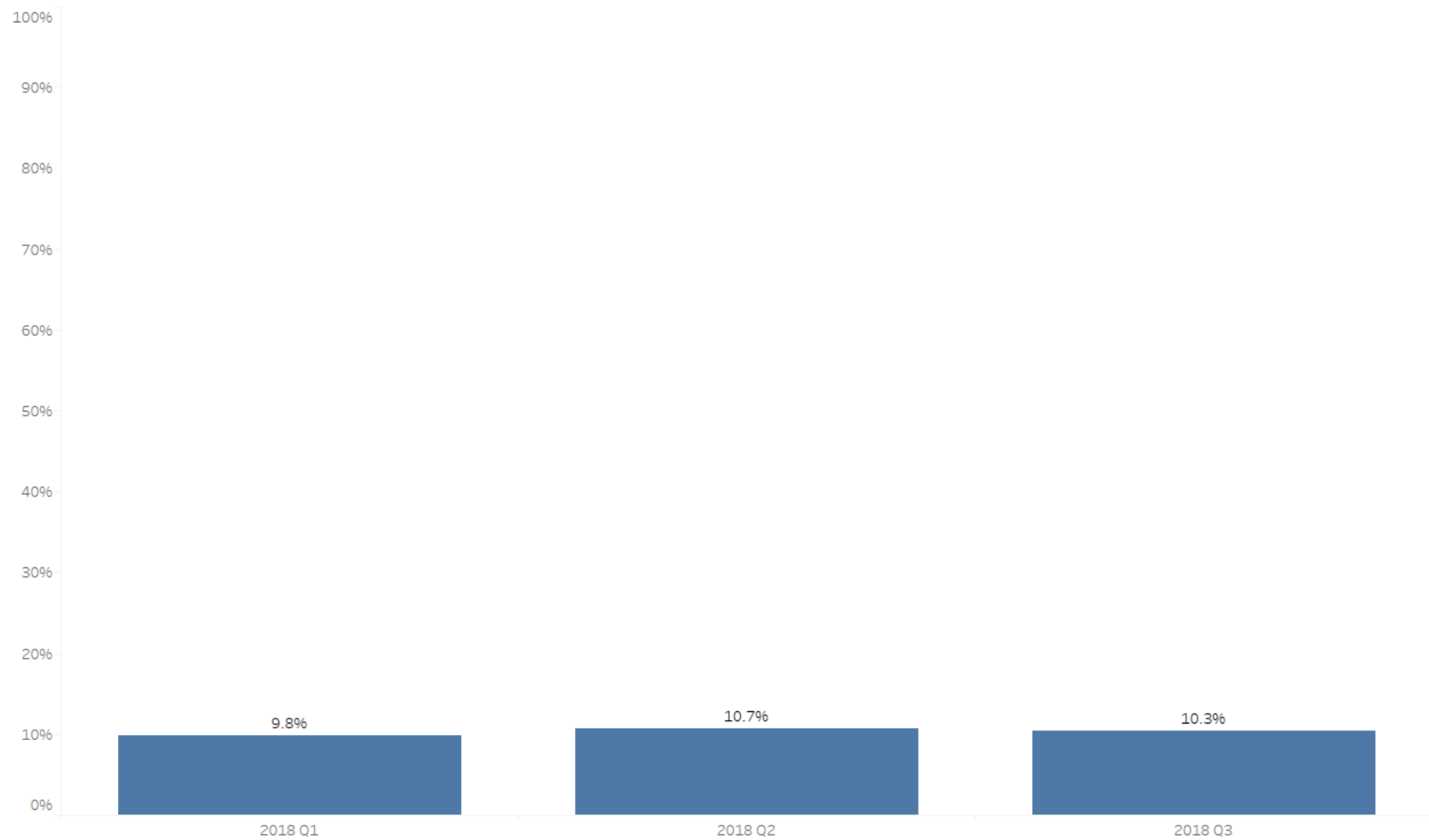


### Core Measure - Venous Thromboembolism (VTE) Prevention

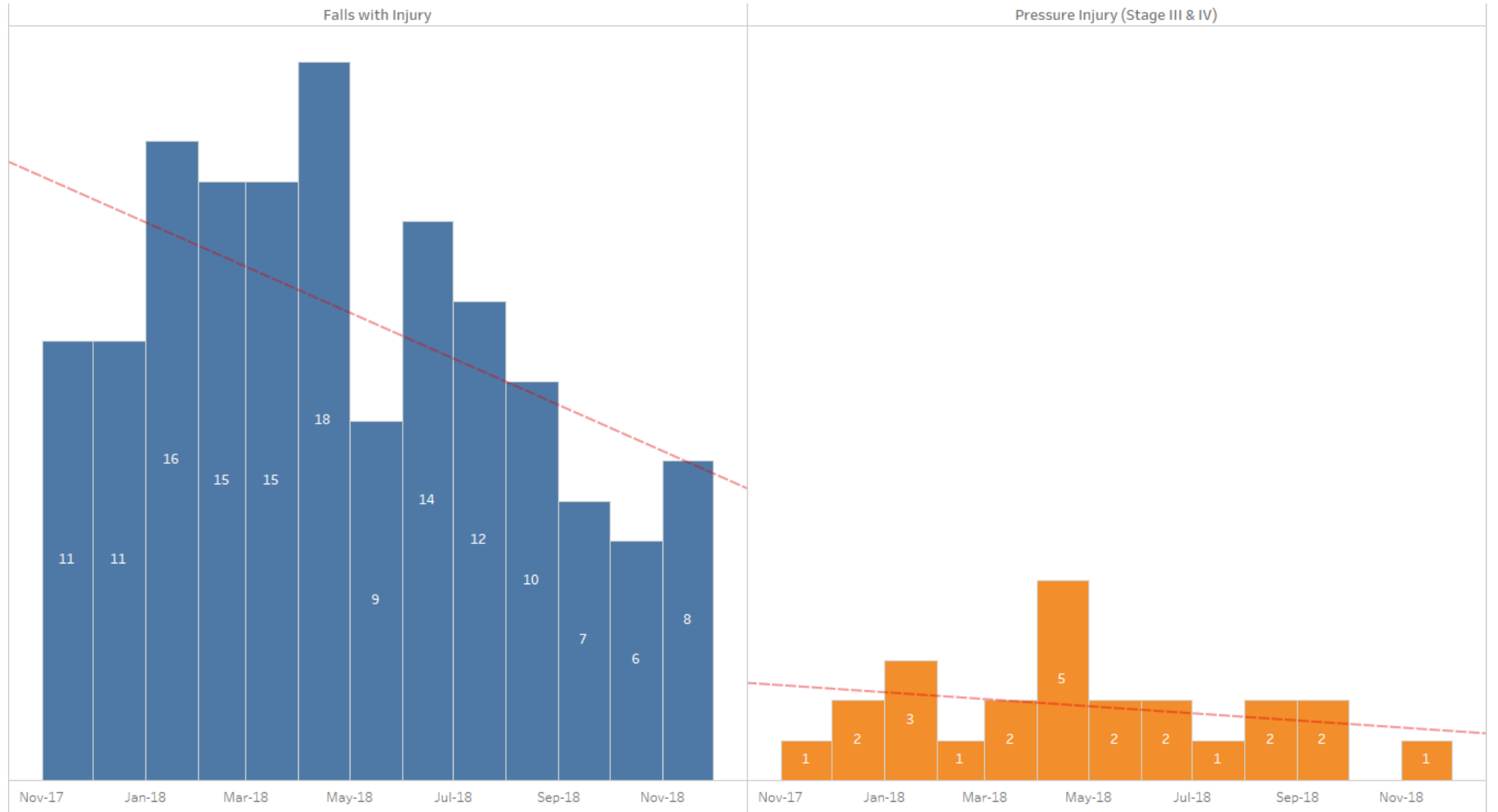




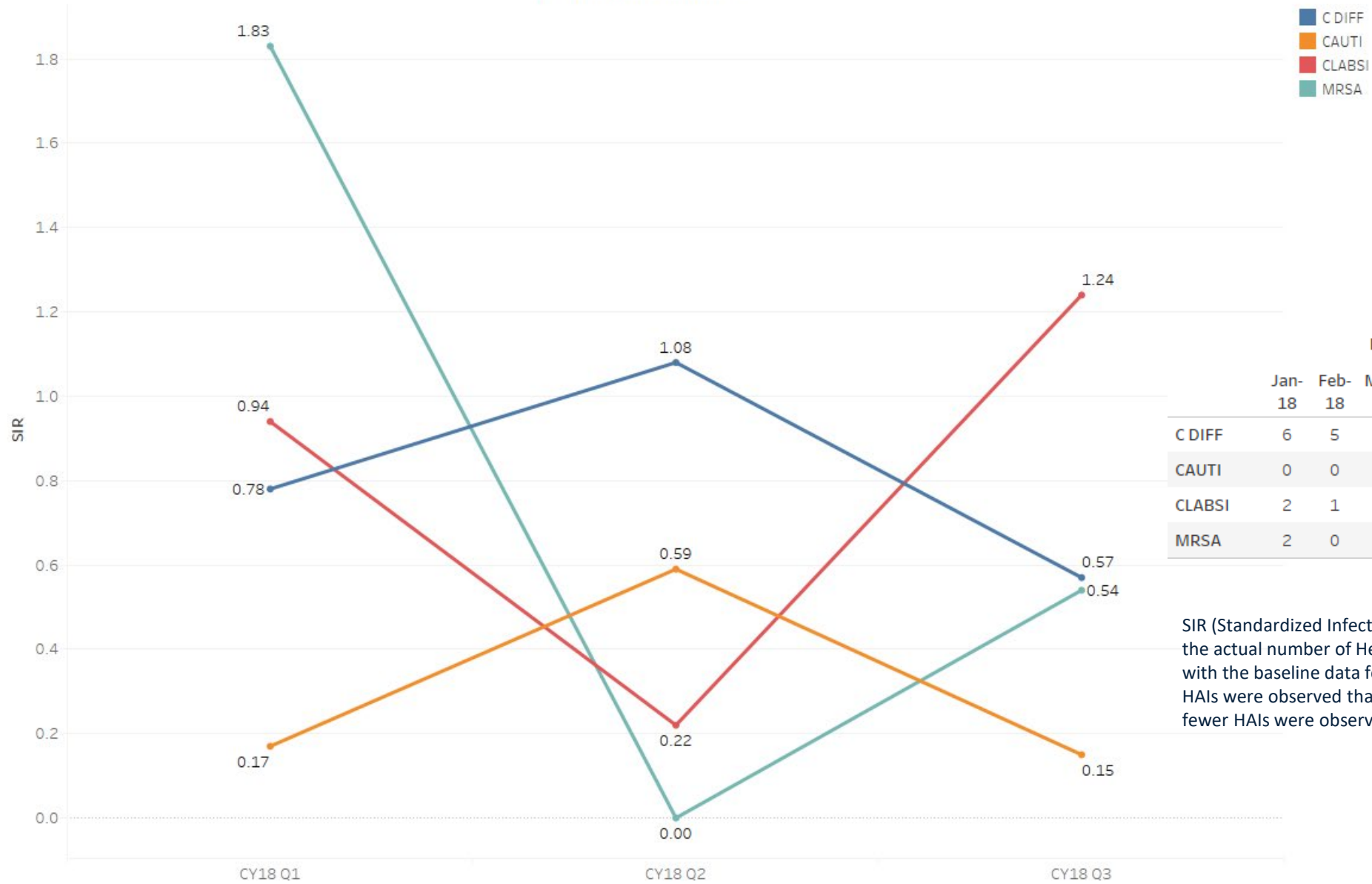
### 30 Day Readmission Rate



# Hospital Acquired Conditions



# Hospital Acquired Infections



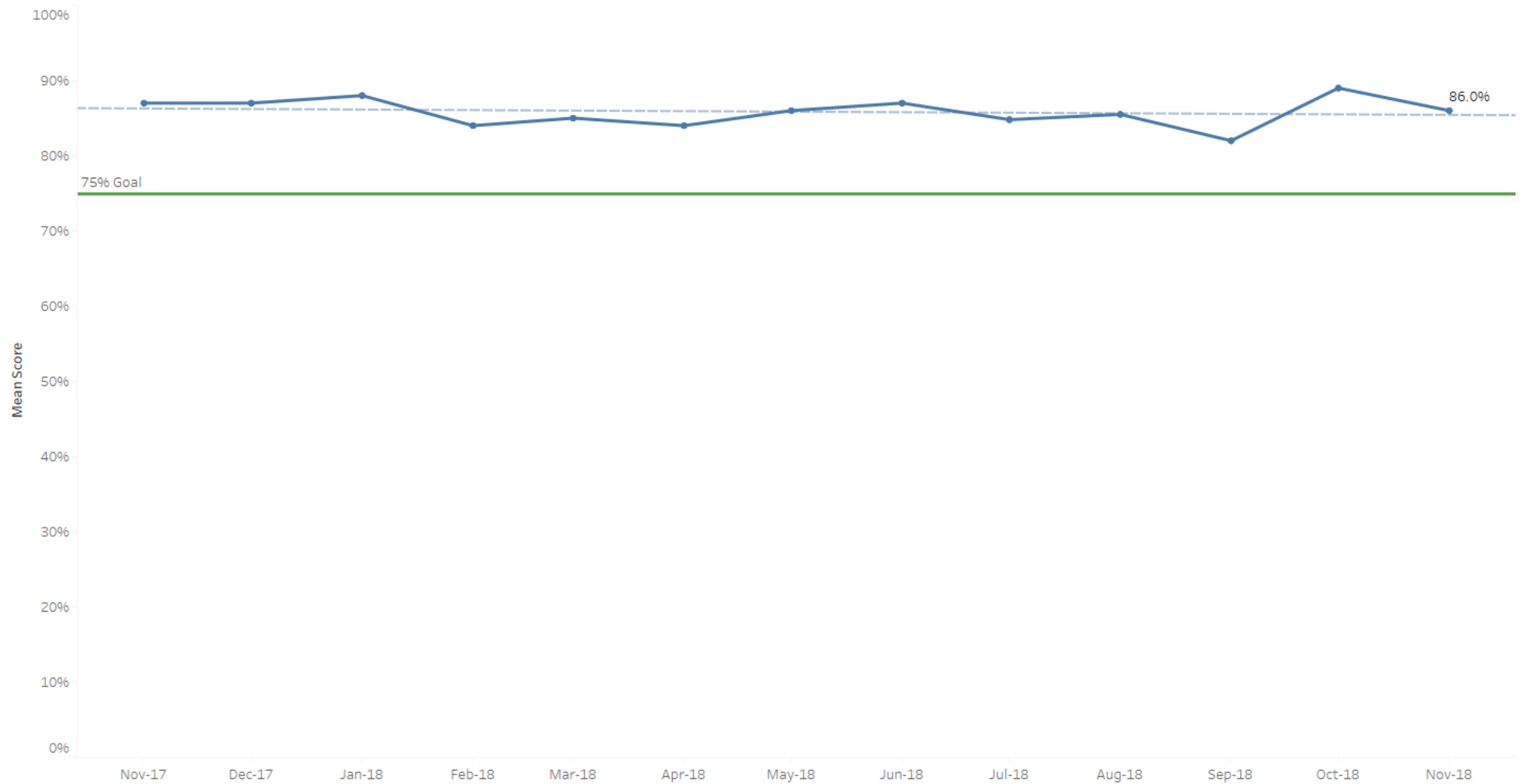
Hospital Acquired Infections

	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18
C DIFF	6	5	2	6	11	4	5	4	2	10	4
CAUTI	0	0	1	1	2	1	0	1	0	0	1
CLABSI	2	1	1	0	1	0	2	3	0	0	0
MRSA	2	0	1	0	0	0	0	1	0	0	1

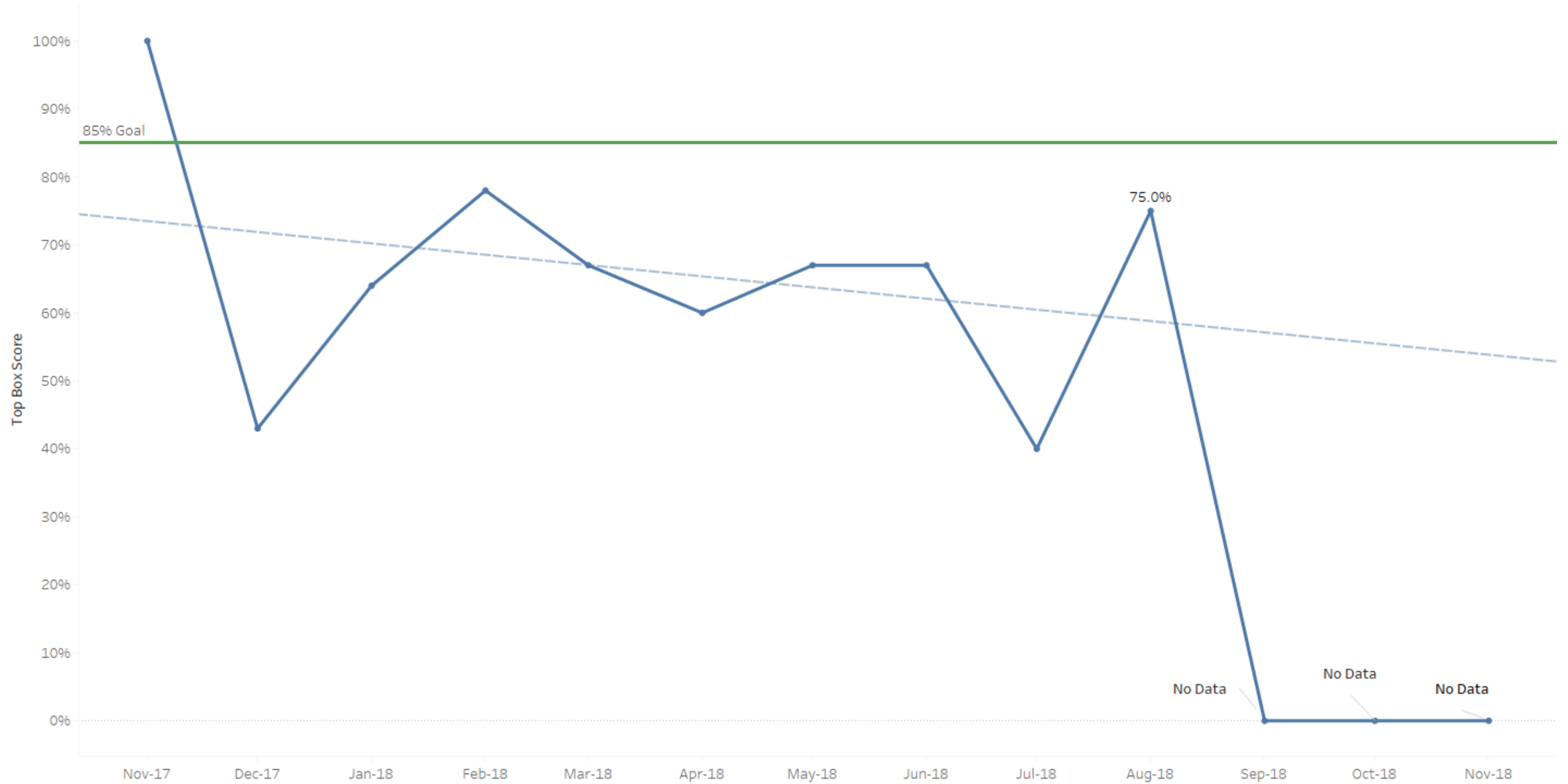
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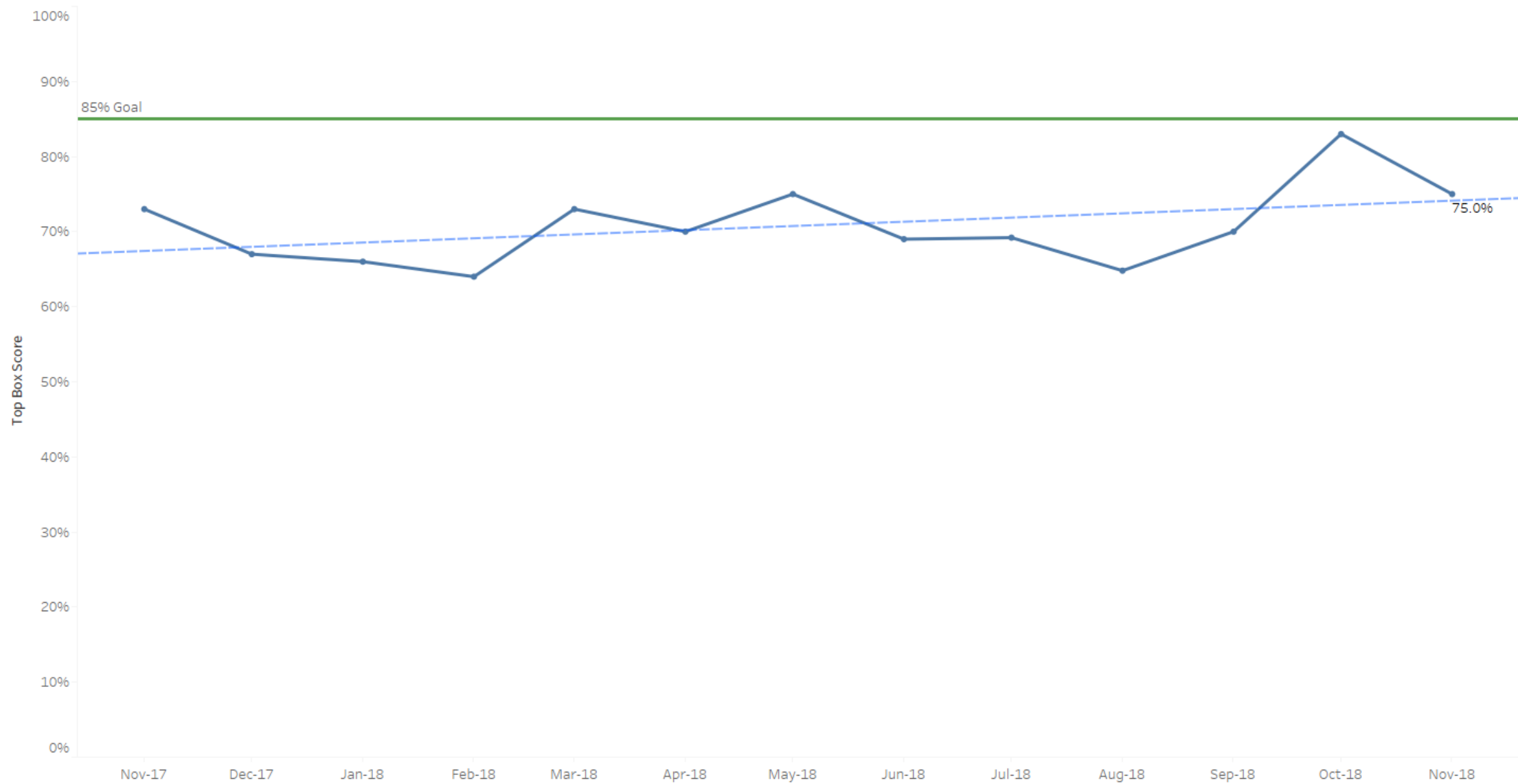
# CCHC--Overall Clinic Assessment



# Provident--Willingness to Recommend Hospital



Stroger--Willingness to Recommend Hospital



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ATTACHMENT #5



# COOK COUNTY HEALTH

**JOHN JAY SHANNON, MD**  
**CHIEF EXECUTIVE OFFICER**  
**COOK COUNTY HEALTH**  
**REPORT TO THE BOARD OF DIRECTORS**  
**JANUARY 25, 2019**

## **Employee Recognition**

**Bridgett Carter**, senior public health educator, CCDPH received a Martin Luther King Day Spirit of Excellence Award from the Southland Ministerial Health Network for her work in the community and for her outstanding leadership and service as it relates to education regarding chronic diseases in Chicago and its surrounding suburbs. The Southland Ministerial Health Network works to address the health disparities in Chicago's southland and to ensure the health and vitality of members of their communities and congregations.

**Victor Medina**, ambulatory clinic manager and **Dr. Yolanda Escalona** worked together to operationalize the new Arlington Heights Health Center that opened January 14. They were willing to jump in and perform any task needed, including acting as guides and assisting with patient access.

**Dr. Becky Roberts** has retired after 28 years of service in the Stroger Hospital emergency medicine department and 21 years as the chair of the research division. She is a nationally recognized expert on analyzing the costs of healthcare. Dr. Roberts worked tirelessly for the good of the patients in CCH - often seen giving money, food and clothes to patients in need so they can afford their medications and transportation to their home or clinic. Through her tenure she helped secure nearly \$7 million in grant funding. Dr. Roberts is also a professor in the Rush University School of Medicine.

## **Activities and Announcements**

- **Food As Medicine Update**

Through January 3<sup>rd</sup>, CCH's **Fresh Truck partnership** with the Greater Chicago Food Depository (GCFD) has resulted in 152 visits to 12 CCH health centers – Austin, Cicero, the CORE Center, Cottage Grove, Englewood, Logan Square, Near South, Oak Forest, Prieto, Robbins, Woodlawn, and Provident/Sengstacke. The move to a permanent location for the Arlington Heights Health Center has delayed the staff training and a start date for the Fresh Truck, which is now expected to take place by the end of Q1 of 2019.

Collectively, the Fresh Truck distributions have resulted in the provision of fresh fruits and vegetables to 20,263 individuals, representing 66,734 household members, totaling more than 420,000 pounds of fresh produce. Most of the individuals benefiting from the Fresh Truck screened positive for food insecurity at a CCH health center visit.

CCH concluded our **annual holiday food drive** to support our partnership with Greater Chicago Food Depository. CCH raised \$13,837 which will help GCFD provide more than 41,500 meals for food insecure Cook County residents.

**CCH Fresh Markets** have moved indoors for the winter. The Fresh Market schedule is listed below, note updated dates and times:

- Oak Forest Health Center on Wednesdays, 9am-2pm
- Robbins Health Center on Thursdays, 11am-3pm
- Cottage Grove Health Center on Fridays, 9am-2pm



Fresh produce is supplied by Black Oaks Center, a nonprofit that seeks to create a just, holistic, and local food system through education, entrepreneurship, and access to healthy, affordable foods. CCH partners with Experimental Station's Link Up Illinois Link Match program to offer SNAP users with a match on all purchases at CCHHS Fresh Markets, up to \$20/market/week.

IMPACT 2020 Objectives 1.1, 6.2, 6.3, 7.4

- Plans are underway for a series of **CCH Research and Innovation Summits in 2019**. The summits will be held in the conference center of the Professional Building and provide CCH an opportunity to share with external stakeholders our efforts and plans in these important area and host an action planning session to gather feedback and encourage continued collaboration. Invitees will include potential funders, civic and community leaders, health partners, elected officials and others.

Feb 20, 1pm-4pm	Opioid Epidemic	May 22, 1pm-4pm	Housing
September 18, 1pm-4pm	Justice Involved	December 18, 1pm-4pm	TBD

IMPACT 2020 Objectives 1.6, 5.4, 6.2, 6.3

- Stroger Hospital has partnered with the Veteran's Administration to provide **acupuncture to veterans** with chronic pain. Initial results and relief for our veterans are promising.
- The **CCH Fleet provided its 100,000 ride** this month. Patient reviews are largely positive and the show rate for patients using the fleet is approximately 95%.

IMPACT 2020 Objectives 1.2, 1.4, 2.4, 6.3

- Final staff compliance with the **CCH Influenza Policy** was 89%.

IMPACT Objectives 1.1., 7.5

- Facilities Updates
  - The new Arlington Heights clinic opened on January 14, 2019. The new health center is staffed with bilingual professionals and has 24 exam rooms, six dental suites, WIC, mammography and behavioral health services. Plans for an official ribbon cutting are underway. See attached photos.
  - The outpatient pharmacy at Provident Hospital has been relocated to the second floor to better accommodate space and patient needs.
  - Construction is underway for the new outpatient dialysis center at Provident.
  - The team is completing final plans to relocate services currently provide at Cicero, Logan Square and Oak Forest to North Riverside, Hanson Park and Blue Island respectively.
  - The new parking lot north of Stroger Hospital has been activated to serve as the holding lot for patient valet parking for Stroger Hospital and the new Professional Building.

IMPACT 2020 Objective 1.2, 1.4

*(Select materials and media clips attached)*

## Legislative Update

### Local

- At the January 24<sup>th</sup> Cook County Board meeting Commissioners approved the appointment of Michael Koetting to the Cook County Health Board of Directors. Mr. Koetting is a healthcare and strategic planning consultant as well as an adjunct member of UIC's faculty. From 2010-2015 he served as Deputy Director for Planning and Reform Implementation for the Illinois Department of Healthcare and Family Services.

### State

- Members of the 101<sup>st</sup> Illinois General Assembly were sworn in on January 9. The House and Senate return to Springfield on January 29. Nearly 1,000 bills and resolutions have already been filed.
- On January 14, Illinois Executive Branch officers were sworn in, including JB Pritzker, Illinois' 43<sup>rd</sup> Governor. You can read Governor Pritzker's full [inaugural address here](#).
- Theresa Eagleson has been named by Governor Pritzker to serve as the new Director of the Illinois Department of Healthcare and Family Services (HFS). Ms. Eagleson currently serves as the Executive Director of the Office of Medicaid Innovation at the University of Illinois, and had previously worked at HFS in various leadership positions. The appointment requires Senate confirmation.
- Governor Pritzker announced that Sol Flores would be joining his administration as Deputy Governor; she will join Christian Mitchell, Jesse Ruiz, and Dan Hynes in this position. Deputy Governor Flores will oversee work related to health and human services. Ms. Flores is the founding Executive Director of La Casa Norte, a nonprofit serving homeless youth, adults, and families. [A full list of administration staff and agency directors named to date can be found online](#).
- New state rules concerning the Lead Poisoning and Prevention Act were approved by the [Joint Committee on Administrative Rules](#) (JCAR). The rules lower the blood lead level from 10 micrograms/deciliter (µg/dL) to 5 µg/dL which will allow more children to receive public health interventions and aligns with the Center for Disease Control and Prevention's recommended levels. This rule change will allow children with blood lead levels at or above 5 µg/dL to receive a home visit from a public health nurse and, as resources allow, a public health environmental inspection. The rule also increases enforcement authority for violations of the Lead Poisoning Prevention Act and Code, including of property owners who fail to remediate properties.

An ordinance will soon be introduced to the Cook County Board of Commissioners that will align CCDPH's lead prevention and mitigation activities with state law and an existing Chicago city ordinance, as well as implement a new administrative process to bring non-compliant property owners to a hearing for resolution of their mitigation notices.

### Federal

- The first session of the 116th Congress was gavelled in on January 3, two weeks into what is now the longest lapse in appropriations in U.S. history. Seven major federal agencies with about one fourth of the federal workforce are "shut down," with essential personnel working without pay and most employees furloughed. Major legislation is not moving until a deal is concluded and the government reopens.
- **Texas v. United States:** As expected, on January 3, sixteen Democratic states (including Illinois) and the District of Columbia, appealed the decision of the District Court for the Northern District of Texas ruling the Affordable Care Act (ACA) unconstitutional. The intervenor-defendants argue the District Court ignored the intent of Congress by ruling that eliminating the ACA's individual mandate penalty in the Tax Cuts and Jobs Act of 2017 invalidated the entire law. They argue that Congress left the remaining core features of the law intact, including

the federal subsidies and Medicaid expansion, undermining the judge's reasoning that Congress intended the law to be invalidated. At the same time the new Democratic House majority moved to intervene in the case to defend the ACA. The Fifth Circuit Court of Appeals has stayed the appeal at the request of the U.S. Department of Justice (DOJ), until ten days after the shutdown ends. The District Court proceeding on the remaining claims before it are also on hold pending appeal.

While many legal analysts believe the Fifth Circuit will overturn the District Court on the merits, the case could ultimately end up before the U.S. Supreme Court.

- **Medicaid:** While divided government means that wholesale restructuring of the Medicaid program is off the table for now, efforts are taking shape which could profoundly influence the shape the future of the program. Most immediately, the delay in the ACA cuts to Medicaid DSH is set to expire on September 30 – the end of FY 2019.

Last year the provision to delay the scheduled cut was enacted as part of the Bi-Partisan Budget Act of 2018 which passed in February and lifted the discretionary sequestration budget caps imposed by the Budget Control Act of 2011. These caps will need to be lifted again for Congress to conduct its budget and appropriations work for FY 2021, but all is on hold while the stalemate over FY 2020 funding drags on.

At the same time some on Capitol Hill have expressed an appetite for revising the allocation of Medicaid DSH funding to the states. Senator Marco Rubio (R-Fla.) has introduced legislation which would base the allocation on the percentage of those in poverty a state has, scrapping the current twenty-year-old formula. Proposals such as this which create clear winners and losers are very difficult to move through Congress.

Conversations about new health system reforms are also gaining steam. Democrats, including a number of 2020 contenders, are debating various forms of "Medicare for All" (M4A) or "Medicare for More," while a growing number of Democratic states are contemplating Medicaid buy-in proposals to expand coverage. Meanwhile, some Republican states are expanding Medicaid and others are seeking, and gaining approval for work requirement waivers from CMS. Democratic leaders generally continue to focus on shoring up the ACA and opposing the Administration's moves to weaken consumer protections and provide options outside the ACA structure. It is worth noting that health insurance industry groups are gearing up to oppose M4A as attention begins to turn toward the 2020 elections.

- **Administrative Action:** In mid-January reports emerged that CMS is looking for ways to use its waiver authorities under Medicaid to offer states greater flexibility to administer their programs in exchange for accepting a "block grant." Changing Medicaid from an eligibility-based entitlement program to a block grant for states has long been a conservative policy objective. Details of the plans have not been made public.

On January 18, CMS proposed its Notice of Benefit and Payment Parameters for ACA plans in 2020. Among the proposals, the administration supports legislation to restore cost sharing subsidy (CSR) payments that insurers give to low income enrollees. They propose ending "silver loading," where insurers raise premiums for "silver" level plans in order to compensate for the loss of CSRs and invite comments on how to accomplish this. They also propose lifting the income formula caps on out of pocket spending.

**Protection of Medicaid remains a key priority for CCHHS at both the State and Federal level.**

## Community Outreach

February 1	CCHHS and CountyCare promotion at the <b>Go Red for Women's Heart Health Fair</b> sponsored by the <b>Friend Family Health Center</b> at their facility located at 800 E. 55th Street in Chicago. This event is being held in honor of Women's Heart Health month and the health fair will have speakers, a massage therapist, screenings for blood pressure, glucose and HIV.
February 1	CCHHS and CountyCare promotion at the <b>2019 National Wear Red Day Health &amp; Wellness Fair</b> , which is hosted by <b>City Colleges of Chicago's Wright College/Humboldt Park Vocational Center</b> at the Humboldt Park campus located at 1645 N. California Street in Chicago. City Colleges and its campuses are doing a concerted effort to bring more resources to its students and their families and want to make sure that they remain healthy and have access to insurance options. The <b>Austin CDC HIV testing team</b> will perform screenings at this event.
February 1	CCHHS and CountyCare promotion at the <b>2019 National Wear Red Day Health &amp; Wellness Fair</b> , which is hosted by <b>City Colleges of Chicago's Wright College</b> at the northwest campus located at 4300 North Narraganset Avenue in Chicago. City Colleges and its campuses are doing a concerted effort to bring more resources to its students and their families and want to make sure that they remain healthy and have access to insurance options. The <b>CORE HIV testing team</b> will perform screenings at this event.
February 2	CCHHS and CountyCare presentation at the <b>Food Giveaway Health Fair</b> sponsored by <b>Northwestern Memorial Healthcare and Kelly Hall YMCA</b> at the YMCA located at 824 N. Hamlin Avenue in Chicago. The event will feature a health fair where participants will be able to receive free health screenings, educational material and numerous community resources.
February 6	CCHHS and CountyCare promotion at <b>Malcolm X College Service Days</b> , which is hosted by the <b>Wellness Center of Malcolm X College</b> at the school located at 1900 W. Jackson Blvd. in Chicago. This event for the students and community will provides services such as health insurance enrollment, counseling, mental health support services and nutrition education, to name a few.
February 8	CCHHS and CountyCare promotion at the <b>Maternal Wellness: Giving Babies the Best Start Resource Fair</b> , which is hosted by <b>SGA Youth &amp; Family Services</b> at the UIC Forum located at 725 W. Roosevelt Road in Chicago. This fair will provide parents of young children with early childhood development guidance, parenting tips and safety assessments and well as encouragement to visit health professionals so that the children grow healthy.
February 9	CCHHS and CountyCare promotion at the <b>2019 Winter Resource Fair</b> , which is hosted by <b>Congressman Rush, CEDA, ComED, Nicor &amp; Peoples Gas</b> at the Gary Comer Youth Center located at 7200 S. Ingleside Avenue in Chicago. While the focus of this event is to help people apply for assistance for utilities, a wide variety of resource providers are included to make sure that families have access to all types of resources available to them.
February 12	CCHHS and CountyCare promotion at <b>City Colleges of Chicago's Olive Harvey College Free Service Days</b> , which is hosted by the <b>Wellness Center of Olive Harvey College</b> at the main campus, located at 10001 S. Woodlawn Avenue in Chicago. This event for the students and community will provides services such as health insurance enrollment, counseling, mental health support services and nutrition education, to name a few.

February 13	CCHHS and CountyCare promotion at the <b>Healthy Heart Program</b> sponsored by the <b>Cicero Health Department</b> at the Cicero Community Center located at 2250 S. 49th Avenue in Cicero. Every year Cicero President Larry Dominick and the Board of Trustees offer the annual Healthy Heart Program where numerous screenings are offered including, cholesterol, glucose, blood pressure, oximetry, heights/weight/BMI, hemoglobin and more. <b>Staff from the Cicero Health Center</b> will attend to promote their services to attendees.
February 13	CCHHS and CountyCare promotion at <b>City Colleges of Chicago's Olive Harvey College/South Chicago Learning Center Free Service Days</b> , which is hosted by the <b>Wellness Center of South Chicago Learning Center</b> at the satellite campus, located at 3055 E. 92nd Street in Chicago. This event for the students and community will provide services such as health insurance enrollment, counseling, mental health support services and nutrition education, to name a few.
February 14	CCHHS promotion at <b>Thornton Fractional North High School Parent Teacher Conference and Community Resource Fair</b> hosted by the <b>Thornton Fractional High School</b> at the District 215 TF North High School located at 755 Pulaski Road in Calumet City.
February 15	CCHHS and CountyCare promotion at the <b>14th Annual Chicago Food Policy Summit and Resource Fair</b> , which is hosted by <b>Chicago Food Policy Action Council</b> at the South Shore Cultural Center located at 7059 S. South Shore Drive in Chicago. The Summit will consist of workshops, speakers, hand-on activities, food demos, a marketplace of resources and vendors, and a Food Business Clinic. This Fair will not provide food items to people but rather guide resources available to families to ensure their healthy living, part of which includes ensuring that people have insurance to be healthy and visit doctors.
February 16	CCHHS and CountyCare promotion at the <b>Christian Women's Conference</b> , which is hosted by <b>Sinai Health Ministries</b> at the Shiloh Baptist Church located at 9211 S. Justine Avenue in Chicago.
February 22	CCHHS and CountyCare promotion at the <b>Health and Safety Fair</b> sponsored by the <b>Palatine High School, Palatine's Promise and Students Against Destructive Decisions</b> at the Palatine High School located at 1111 N. Rohlwing Road in Palatine. <b>Staff from the Arlington Heights Health Center</b> will attend to do screenings and to promote their services at the new facility. This event attracts a large number of students looking to learn about safe and healthy lifestyles.
February 24	CCHHS and CountyCare promotion at the <b>St. Charles Borromeo Parish and Westlake Hospital Resource and Wellness Fair</b> which will take place at the parish located at 1637 N. 37th Avenue in Melrose Park.
February 27	CCHHS and CountyCare promotion at the <b>READI Chicago's Men's Wellness Fair</b> which will take place at Heartland Alliance located at 208 S. LaSalle Street in Chicago. The fair will provide information on health and other resources to the formerly incarcerated to better their lives.

The Fresh Food Truck visits for the month of February include the following ACHN Health Centers.

- February 7 – **Austin Health Center** - 4800 W. Chicago Avenue, Chicago, IL 60651
- February 5 – **Cicero Health Center** – 5912 W. Cermak Road, Cicero, IL 60804
- February 19 - **Robbins Health Center** - 13450 S. Kedzie Avenue, Robbins, IL 60472
- February 21 – **Englewood Health Center** - 1135 W. 69th Street, Chicago, IL 60621
- February 21 – **Near South Health Center** – 3525 S. Michigan, Chicago, IL 60653
- February 26 – **Cottage Grove Health Center** - 1645 Cottage Grove Avenue, Ford Heights, IL 60411

Cook County Health and Hospitals System  
Minutes of the Board of Directors Meeting  
January 25, 2019

ATTACHMENT #6



# Strategic Planning FY 2020-2022



## Federal & State Landscape

Letitia Close, Executive Director Government Affairs

Paul V. Beddoe, PVBGA, LLC

Elaine Nekritz, Nekritz Amdor Consulting LLC

January 25, 2019



COOK COUNTY  
**HEALTH**

# Impact 2020 Recap



## Status and Results

- Deliver High Quality Care
- Grow to Serve and Compete
- Foster Fiscal Stewardship
- Invest in Resources
- Leverage Valuable Assets
- Impact Social Determinants
- Advocate for Patients



COOK COUNTY  
**HEALTH**



# Impact 2020

## Progress & Updates

Focus Area	Name	Status
Grow to Serve & Compete	2.2 Retain and grow CountyCare membership	Ongoing <ul style="list-style-type: none"> <li>Educated local elected officials on health plan membership growth opportunities and benefits.</li> <li>Advocating for state policy changes to simplify the redetermination process.</li> </ul>
Foster Fiscal Stewardship	3.2 Optimize CCH revenue by balancing the portfolio of funding sources and pursuing various legislative solutions	Ongoing <ul style="list-style-type: none"> <li>Educated local elected officials and advocated for maintaining government financial support of unfunded mandated correctional health &amp; public health services.</li> <li>Advocated for state Medicaid Graduate Medical Education (GME) payments.</li> <li>Conducted briefings on system finances, programs and strategic initiatives.</li> <li>Hosted issue-oriented educational sessions for state legislators and staff – <i>in 2019 expanding to include targeted program for Cook County Board members and staff.</i></li> <li>Continuing targeted advocacy efforts with external partners on shared policy priorities related to Disproportionate Share (DSH) funding, 340B Rx discount program benefits and site-neutral payments.</li> </ul>
Impact Social Determinants	6.3 Partner with other organizations to address population health care needs outside of CCH	Ongoing <ul style="list-style-type: none"> <li>Expanded Fresh Truck partnership with Greater Chicago Food Depository to additional CCH community health centers.</li> <li>Implementing at CCH's Community Health Center at Arlington Heights in 2019.</li> </ul>

# Impact 2020

## Progress & Updates

Advocate for Patients	7.1 Advocate for improved health care for uninsured, including justice-involved populations	<p>Ongoing</p> <ul style="list-style-type: none"><li>• Garnered support of local elected officials to for CCH Community Triage Center initiative.</li><li>• Facilitated discussions with Cook County Public Defender resulting in CCH partnership to provide Bond Court screenings.</li><li>• Partnered with National Association of Counties (NACo) to convene discussions with urban public health systems to collectively advocate for policy changes to the inmate exclusion.</li><li>• Participated in national advocacy efforts to elevate the focus on justice involved populations.</li><li>• Convening issue focused meetings with local, state and federal elected officials, health system stakeholders and local policy advocates.</li><li>• Actively engage with and participate in advocacy efforts of the Illinois Health and Hospital Association, Illinois Association of Medicaid Health Plans, Protect Our Care Illinois, American Essential Hospitals and the National Association of Counties Organization.</li></ul>
Advocate for Patients	7.2 advocate for behavioral health funding and legislation	<p>Ongoing</p> <ul style="list-style-type: none"><li>• Educated Congressional delegation on state 1115 Behavioral Health Waiver benefits to CCH.</li><li>• Facilitated CCH participation on joint County-City Task Force on Opioids.</li><li>• Advocated for legislation to increase funding for education and treatment alternatives for opioid users.</li></ul>

# Impact 2020

## Progress & Updates

Advocate for Patients	7.3 Advocate for National Health Service Corps (NHSC) Loan Repayment Program eligibility to be expanded.	Ongoing <ul style="list-style-type: none"><li>• Collaborated nationally with county government stakeholders to garner congressional support to expand the definition to allow participation.</li><li>• Advocated for policy changes to the National Association of Counties Organization platform.</li><li>• Working with delegation leadership to re-introduce legislation re-instating county eligibility in the NHSC Loan forgiveness program.</li><li>• Continuing advocacy with national partners in support of expanding NHSC eligibility.</li></ul>
Advocate for Patients	7.5 Advocate for influenza vaccine requirement for all healthcare workers in Illinois	Complete <ul style="list-style-type: none"><li>• Effectuated introduction &amp; approval of HB2984/PA 100-1020 which strengthens existing state statute concerning annual flu shots for health care employees.</li></ul>
Advocate for Patients	7.6 Advocate for improvements in identifying and addressing blood lead levels in children in suburban Cook County	Ongoing <ul style="list-style-type: none"><li>• Crafted local ordinance to decrease the threshold to trigger an intervention by CCDPH from 10 mcg/dL to 5 mcg/dL.</li><li>• Pursuing introduction and approval of ordinance.</li></ul>



# FY2020-2022

## The Future

Environmental Scan of Market, Best Practices and Trends



COOK COUNTY  
**HEALTH**

# Environmental Scan, Trends – Federal

## 116<sup>th</sup> Congress, First Session

- U.S. House of Representatives – Democrats have a 36 seat majority (+40) / New Leadership on both sides
  - Speaker of the House, Minority Leader
  - New Committee Chairs and Ranking Members
- U.S. Senate – Republicans have 6 seat majority (+2) / Leadership on both sides remains stable
  - New Chair of Finance Committee, with broad health care jurisdiction, including Medicaid
- Divided government, Senate rules & unpredictable Administration make major legislation unlikely
- Legislative & regulatory attacks on the ACA
- Challenging budget and appropriations process / multiple government shut-downs
- House committees will be busy with oversight
- 2020 elections looming
- Bi-partisan, bi-cameral efforts on legislation to bring down prescription drug costs are likely
- Perennial discussions of an infrastructure package getting traction

# Environmental Scan, Trends – State

## 101<sup>st</sup> General Assembly

- Democrat control of both the Executive and Legislative branches
  - New Leadership
    - Governor / Lieutenant Governor
    - Attorney General
    - House & Senate Majority Leaders
    - Department of Healthcare & Family Services (HFS), Department of Public Health (DPH)
- Supermajorities in both Chambers
  - State Senate – retain supermajority (40/59 seats) – 10 new members
  - State House – regain supermajority (74/118 seats) – 25 new members
- Protecting Medicaid expansion and the Affordable Care Act
- Hospital Transformation
- Medicaid
  - Medicaid Buy-In Program
  - Managed Care Oversight and Accountability
  - 1115 Waiver / Integrated Health Homes (IHH)
- Behavioral Health / Substance Abuse / Opioid Epidemic

# Key 2019 Dates – Federal, State & Local

## 2019

- January 3 116<sup>th</sup> Congress inauguration
- January 9 101<sup>st</sup> Illinois General Assembly (ILGA) inauguration
- January 14 Governor and Executive Branch inauguration
- January 29/TBD President's State of the Union Address
- TBD Governor's State of the State
- February 20 Governor's budget address
- February 26 Consolidated Primary Election
- April 2 Consolidated General Election
- April 15 Congressional Budget Resolution Deadline
- May 31 ILGA Last day of “regular” spring session
- June 30 Last day of state fiscal year
- September 30 Last day of federal fiscal year
- November 30 Last day of Cook County fiscal year
- Fall 2019 ILGA Veto Session



# SWOT Analysis

**Strengths, Weaknesses, Opportunities, and Threats**





# SWOT Analysis – Federal

## Strengths

- Congressional delegation support
- Good stories to tell - successful ACA implementation, CountyCare growth and innovative work in areas related to social determinants (food, housing, opioids) and justice-involved populations
- Divided government means ACA repeal or major changes to Medicaid unlikely

## Weaknesses

- Vulnerable to reductions in federal support, especially Medicaid
- Major legislative improvements to federal health programs unlikely
- 2020 election cycle

## Opportunities

- Medicaid waiver opportunities
- Narrow, targeted legislation
- Continue to demonstrate to federal partners that we are successfully implementing the ACA (CountyCare), improving outcomes and reducing disparities

## Threats

- Regulatory initiatives to restrict federal funding or limit eligibility for programs, i.e. public charge
- Pay-go rule in the House, budget neutrality guidance for Medicaid 1115 waivers
- Growth of federal deficit leading to calls for “entitlement reform,” including restructuring Medicaid
- Ongoing efforts to repeal ACA continue – Texas v. USA
- Disproportionate Share Hospital (DSH) funding cuts
- Expanded cuts to outpatient services
- Potential changes to the 340B Rx Program
- Continued depletion of the Prevention & Public Health Fund



# SWOT Analysis – State

## Strengths

- Strong Administration and Legislative Support of Medicaid
- New HFS leadership open to maximizing federal Medicaid funding dollars flowing into the state

## Weaknesses

- State structural deficit & ongoing cash flow issues
- Medicaid managed care growing pains
- External Provider vs. Plan differing priorities
- Low state spend per Medicaid enrollee

## Opportunities

- Potential for improvements to Medicaid program
- Medicaid waiver
- Integrated Health Homes
- Medicaid Buy-in / Health Care for All
- Capital Infrastructure Bill

## Threats

- State financial position - structural deficit, budget, payment backlogs & cash flow challenges
- Unintended consequences of legislative initiatives and unfunded mandates
- HFS redetermination process challenges
- Fluctuation in Medicaid managed care rates
- Increasing levels of uncompensated care

# FY 2020-2022



# Impact Social Determinants/Advocate for Patients FY 2020-2022 Strategic Planning Recommendations

## Support Organizational Strategic Initiatives – Advocacy, Communication & Education

- System-wide Initiatives
  - Capital Campaign
  - Clinical Services Expansion
  - Managed Care Growth
  - Minority/Women Business Enterprise Opportunities
- Federal & State Issues / Focus Areas
  - Access to Care
  - Addiction, Food, Housing, Transportation & Violence
  - Charity Care & Community Benefits
  - Justice Involved Populations
  - Maternal Morbidity
  - Medicaid Program Changes



# Thank you.



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